


<b>MEDICAL POLICY</b>	<b>Cardiac: Left Atrial Appendage Devices Closure (Medicare Only)</b>
<b>Effective Date: 1/1/2022</b>   1/1/2022	Medical Policy Number: 74  Medical Policy Committee Approved Date: 10/16; 12/17; 7/18; 8/19; 05/2020; 06/2021; 11/2021
Medical Officer	Date

**See Policy CPT/HCPCS CODE section below for any prior authorization requirements**

## SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

## APPLIES TO:

Medicare only

## BENEFIT APPLICATION

### MEDICARE POLICY CRITERIA

The following Centers for Medicare & Medicaid Service (CMS) guidelines should be utilized for medical necessity coverage determinations. Click the link provided in the table below to access applicable medical necessity criteria. All listed guidelines apply.

Service	Medicare Guidelines
<i>Percutaneous left atrial appendage closure for the treatment of non-valvular atrial fibrillation</i>	<ul style="list-style-type: none"> <li>National Coverage Determination (NCD) for Percutaneous Left Atrial Appendage Closure (LAAC) (<a href="#">20.34</a>)<sup>1</sup></li> <li>CMS Manual System, Pub 100-04 Medicare Claims Processing, <a href="#">Transmittal 3515</a>, SUBJECT: Percutaneous Left Atrial Appendage Closure (LAAC)<sup>2</sup> (<i>contains additional coding guidance</i>)</li> <li>Medicare Claims Processing Manual, <a href="#">Chapter 32 – Billing Requirements for Special Services, Section 69</a><sup>3</sup> (<i>scroll to Section 69 in Table of Contents and click on 69 - Qualifying Clinical Trails</i>)</li> </ul>

*In the absence of a Medicare coverage policy or guidance (e.g., manual, national coverage determination [NCD], local coverage determination [LCD] article [LCA], etc.), Medicare guidelines allow a Medicare Advantage Organization (MAO) to make coverage determinations, applying an objective, evidence-based process, based on authoritative evidence. (Medicare Managed Care Manual, Ch. 4, §90.5) Therefore, the commercial medical policy, **Cardiac: Left Atrial Appendage Devices Closure (All Lines of Business Except Medicare)**, applies to the following services:*

**MEDICAL POLICY**

**Cardiac: Left Atrial Appendage  
Devices (Medicare Only)**

- Devices used during non-percutaneous surgical (open or thoracoscopic) procedures to occlude the LAA (e.g., AtriClip).

**POLICY GUIDELINES**

NCD 20.34 allows for coverage of *percutaneous* left atrial appendage closure under Coverage with Evidence Development (CED) with certain conditions. The current registries and clinical trials approved by CMS can be found at the [Percutaneous Left Atrial Appendage Closure \(LAAC\) Coverage with Evidence Development](#) website. See the NCD for additional details.

For more information, please see the “Clinical Trials and IDE Studies (Medicare Only)” policy in the [Medical Policy Cross References](#) section below.

There is no Medicare coverage guidance for non-percutaneous procedures to occlude the LAA.

**BILLING GUIDELINES**

See Medicare Claims Processing Manual Chapter 32, Section 69.6 - Requirements for Billing Routine Costs of Clinical Trials for additional clinical trial billing instruction.

**CPT/HCPCS CODES**

The only supply code that is appropriate to bill with the CPT code 33340 is C1760.

<b>Medicare Members Only</b>	
No Prior Authorization Required	
33340	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation
C1760	Closure device, vascular (implantable/insertable)
<b>The code below is not covered when billed with 33340</b>	
C2628	Catheter, occlusion
Not Covered	
33267	Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)
33268	Exclusion of left atrial appendage, open, performed at the time of other sternotomy or thoracotomy procedure(s), any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip) (List separately in addition to code for primary procedure)

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33269	Exclusion of left atrial appendage, thoracoscopic, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)
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**DESCRIPTION**

Patients with atrial fibrillation (AF), an irregular heartbeat, are at an increased risk of stroke. The left atrial appendage (LAA) is a tubular structure that opens into the left atrium and has been shown to be one potential source for blood clots that can cause strokes. While thinning the blood with anticoagulant medications has been proven to prevent strokes, percutaneous LAA closure (LAAC) has been studied as a non-pharmacologic alternative for patients with AF.

**INSTRUCTIONS FOR USE**

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

**REGULATORY STATUS**

Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

**MEDICAL POLICY CROSS REFERENCES**

- Cardiac: Left Atrial Appendage Devices (All Lines of Business Except Medicare)
- Clinical Trials and IDE Studies (Medicare Only)

**REFERENCES**

1. Centers for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD) for Percutaneous Left Atrial Appendage Closure (LAAC) (20.34). Effective 2/8/2016.

<https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=367>.

Accessed 04/16/2021.

2. Centers for Medicare & Medicaid Services (CMS). CMS Manual System Pub 100-04. Medicare Claims Processing. Transmittal 3515. Change Request 9638. Date: May 6, 2016.  
<https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=367>.  
Accessed 04/16/2021.
3. Medicare Claims Processing Manual, Chapter 32 – Billing Requirements for Special Services (Rev. 4222, 02-01-19 (Rev. 4237, 02-08-19)). <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c32.pdf>. Accessed 04/16/2021.