Harvard Pilgrim Health Care

Medical Policy
Percutaneous Left Atrial Appendage Closure to Reduce Stroke Risk in Patients with Atrial Fibrillation (Watchman™ Device)

Subject: Percutaneous Left Atrial Appendage Closure to Reduce Stroke Risk in Patients with Atrial Fibrillation (Watchman™ Device)

Background: Atrial fibrillation (AF) is a rapid, irregularly irregular atrial cardiac rhythm brought on when the two upper chambers (atria) of the heart no longer contract together in a coordinated manner. AF is one of the most common arrhythmias, affecting about 2.3 million adults in the US. Prevalence increases with age; almost 10% of people over the age of 80 are affected. AF tends to occur in patients with a heart disorder. Atrial thrombi often form in patients with AF due to the slowing of blood flow that results when the atria no longer contract normally, causing a significant risk of embolic stroke.

The WATCHMAN LAA closure technology consists of a delivery catheter and a device that is permanently implanted in the left atrial appendage (LAA) of the heart. The device, often referred to as the WATCHMAN, prevents LAA blood clots from entering the bloodstream and potentially causing a stroke. It is used in patients who have atrial fibrillation not related to heart valve disease.

Policy and Coverage Criteria:

Harvard Pilgrim Health Care (HPHC) considers percutaneous left atrial appendage (LAA) closure using the Watchman device as reasonable and medically necessary to reduce the risk of thromboembolism from the LAA in individuals with nonvalvular atrial fibrillation when documentation confirms ALL the following:

- Member is at increased risk for stroke and systemic embolism; AND
- Member is recommended for anticoagulation therapy; AND
- Member is deemed by their physicians to be suitable for warfarin; AND
- Member has an appropriate rationale to seek a non-pharmacologic alternative to warfarin, taking into account the safety and effectiveness of the device compared to warfarin.

Exclusions: Harvard Pilgrim Health Care (HPHC) considers percutaneous left atrial appendage closure using any device other than the Watchman device (e.g. Amplatzer Cardiac Plug [ACP], Amplatzer Amulet and Lariat suture delivery device) as experimental/investigational.

Coding:

Codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. The list may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible.

CPT® Code	Description
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

CPT® Code	Description
	supervision and interpretation

ICD-10 Code	Description
I48.0	Paroxysmal atrial fibrillation
I48.11	Longstanding persistent atrial fibrillation
I48.19	Other persistent atrial fibrillation
I48.20	Chronic atrial fibrillation, unspecified
I48.21	Permanent atrial fibrillation

Billing Guidelines:

Member's medical records must document that services are medically necessary for the care provided. Harvard Pilgrim Health Care maintains the right to audit the services provided to our members, regardless of the participation status of the provider. All documentation must be available to HPHC upon request. Failure to produce the requested information may result in denial or retraction of payment.

References:

1. Merck & Co. Inc. Merck Manual Professional Version. Atrial Fibrillation. Available at merckmanuals.com/professional. Accessed November 1, 2021.
2. Percutaneous Left Atrial Appendage Closure to Reduce Stroke Risk in Patients with Atrial Fibrillation. Hayesinc.com/login [via subscription only]. Accessed November 1, 2021.
3. United States Food and Drug Administration. Report: WATCHMAN LAA Closure TechnologyP130013. Medical Devices, Recently-Approved Devices. Available at fda.gov. Accessed November 1, 2021.

Summary of Changes:

Date	Change
11/21	New policy for integration purposes with Tufts Health Plan (THP)

Approved by Medical Policy Committee: 11/09/21
Approved by Clinical Policy Operational Committee: 12/21
Policy Effective Date: 01/01/22
Initiated: 11/21