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Percutaneous Left Atrial Appendage (LAA) Closure Device MP9499

Covered Service: Yes

Prior Authorization Required: No

Additional Information: None

Medicare Policy: Prior authorization is dependent on the member's Medicare coverage. Prior authorization is not required for Medicare Cost (Dean Care Gold) and Medicare Supplement (Select) when this service is provided by participating providers. Prior authorization is required if a member has Medicare primary and Dean Health Plan secondary coverage. This policy is not applicable to our Medicare Replacement product (Dean Advantage).

BadgerCare Plus Policy: Dean Health Plan covers this benefit when BadgerCare Plus also covers the benefit. Please refer to Forward Health: https://www.forwardhealth.wi.gov/WIPortal/Default.aspx.

Dean Health Plan Medical Policy:

1.0 Left Atrial Appendage (LAA) closure device (e.g., WATCHMAN™, Amplatzer AMPLATZER™ Vascular Plugs, LAmbre™ Left Atrial Appendage Closure System, LARIAT II and III Suture Delivery Device) **does not require** prior authorization and is covered when using an FDA-approved device according to FDA-approved indications of prevention of stroke and systemic embolism, when **ALL** of the following criteria are met:

- 1.1 Individuals with nonvalvular atrial fibrillation; **AND**
- 1.2 Individual is unable to take long-term anticoagulation therapy; **AND**
- 1.3 Elevated risk of embolic stroke; **AND**
- 1.4 Short-term (months) post-procedural antithrombotic treatment and long-term aspirin is not contraindicated and is acceptable to patient; **AND**
- 1.5 Cardiac anatomy is amenable to procedure

2.0 The use of the left atrial appendage closure devices for other indications, or a non-FDA approved device is considered experimental and investigational, and therefore not medically necessary.

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