Harvard Pilgrim Health Care | TUFTS Health Plan

Medical Necessity Guidelines:

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

Effective: January 1, 2026

Prior Authorization Required If REQUIRED, submit supporting clinical documentation pertinent to service request to the FAX numbers below	Yes ☐ No ☒
Notification Required IF REQUIRED, concurrent review may apply	Yes ☐ No ☒

Applies to:

Commercial Products

☒ Harvard Pilgrim Health Care Commercial products; 800-232-0816
☒ Tufts Health Plan Commercial products; 617-972-9409

Public Plans Products

☒ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); 888-415-9055
☒ Tufts Health Together – MassHealth Accountable Care Partnership Plans; 888-415-9055
☒ Tufts Health RITogether – A Rhode Island Medicaid Plan; 857-304-6404
☒ Tufts Health One Care – A dual-eligible product; 857-304-6304

Senior Products

☐ Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product); 617-972-9409
☐ Tufts Medicare Preferred HMO, (a Medicare Advantage product); 617-972-9409
☐ Tufts Medicare Preferred PPO, (a Medicare Advantage product); 617-972-9409

Note: While you may not be the provider responsible for obtaining prior authorization or notifying Point32Health, as a condition of payment you will need to ensure that any necessary prior authorization has been obtained and/or Point32Health has received proper notification. If notification is required, providers may additionally be required to provide updated clinical information to qualify for continued service.

Overview

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.

Clinical Guideline Coverage Criteria

The Plan 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:

1. Member is at increased risk for stroke and systemic embolism; **and**

2. Member is recommended for anticoagulation therapy; **and**
3. Member is deemed by their physicians to be suitable for warfarin; **and**
4. 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.

Limitations

The Plan 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.

Codes

The following code(s) are associated with this service:

Table 1: CPT/HCPCS Codes

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 supervision and interpretation

Table 2: ICD-10 Codes

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

References:

1. Merck & Co. Inc. Merck Manual Professional Version. Atrial Fibrillation. Available at merckmanuals.com/professional. Accessed December 11, 2024.
2. Percutaneous Left Atrial Appendage Closure to Reduce Stroke Risk in Patients with Atrial Fibrillation. Hayesinc.com/login [via subscription only]. Accessed November 1, 2022.
3. Premarket Approval (PMA) for WATCHMAN LAA Closure Technology. U.S. Food and Drug Administration. https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpma/pma.cfm?id=P130013. Accessed December 12, 2024.
4. WATCHMAN LAAC Implant: Patient Selection Guide and Referrals. Watchman. https://www.watchman.com/en-us-hcp/patient-selection-referrals.html. Accessed December 12, 2024

Approval And Revision History

September 10, 2020: Reviewed by the Medical Policy Approval Committee (MPAC), coding updated

Subsequent endorsement date(s) and changes made:

- November 18, 2020: Reviewed by MPAC, renewed without changes
- December 8, 2020: Fax number for Unify updated
- October 20, 2021: Reviewed by MPAC, renewed without changes for integration purposes between Harvard Pilgrim Health Care and Tufts Health Plan
- October 19, 2022: Reviewed by MPAC, renewed without changes
- November 16, 2023: Reviewed by MPAC, renewed without changes
- November 2023: Unify name changed to OneCare effective January 1, 2024
- December 1, 2023: Reviewed and approved by the UM Committee
- November 21, 2024: Reviewed by MPAC, renewed without changes, effective January 1, 2025
- December 13, 2024: Reviewed and approved by the UM Committee, effective January 1, 2025
- November 19, 2025: Reviewed by MPAC for annual review, renewed without changes effective January 1, 2026

- December 2025: Administrative updates effective January 1, 2026
- December 8, 2025: Reviewed by UM Committee for annual review, renewed without changes effective January 1, 2026

Background, Product and Disclaimer Information

Medical Necessity Guidelines are developed to determine coverage for benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern. For Tufts Health Together (Medicaid), coverage may be available beyond these guidelines for pediatric members under age 21 under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits of the plan in accordance with 130 CMR 450.140 and 130 CMR 447.000, and with prior authorization.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.