

Left atrial appendage closure

We provide coverage for this procedure for adult members who meet medical necessity criteria. Submit authorization requests through the e-referral system.

The submitter will receive a prompt to complete a questionnaire to determine the appropriateness of the requested service. The questions are listed below.

If all questions are answered, e-referral will either approve or pend the case. If the case pends and we cannot authorize it, we will contact the provider for additional clinical information. Authorization is not a guarantee of payment.

Payment is based on established claim edits. We may retrospectively monitor compliance with authorization requirements.

Applicable procedure codes: *33340

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See below for the questions you'll encounter in the e-referral system.

Q Does the patient have an increased risk of stroke and systemic embolism based on CHADS2 or CHA2DS2-VASc score of at least 3 (scoring systems used to predict stroke risk) and systemic anticoagulation therapy is recommended?

A

Possible answers: Yes No N/A

Q Do the long-term risks of systemic anticoagulation therapy outweigh the risks of the device implantation OR is the patient unable to tolerate long term anticoagulation therapy?

A

Possible answers: Yes No N/A