

PROVIDER NOTIFICATION OF POLICY CRITERIA CHANGE					
POLICY TITLE	POLICY NUMBER	CRITERIA CHANGE	MATERIAL AMENDMENT	EFFECTIVE DATE	LINK TO FULL POLICY
Left Atrial Appendage Occlusion, Closure Devices	2011008	<p>Restricted coverage for percutaneous endovascular closure (occlusion) of the left atrial appendage updated:</p> <p>Percutaneous endovascular closure (occlusion) of the left atrial appendage (pLAAC/LAAO) using a device that has received U.S. Food and Drug Administration (FDA) Premarket Approval (PMA) (e.g., the Watchman or Amplatzer Amulet) meets member benefit certificate Primary Coverage Criteria that there be scientific evidence of effectiveness in improving health outcomes or for members with contracts without Primary Coverage Criteria is considered Medically Necessary and is covered when the following criteria are met:</p> <ul style="list-style-type: none"> • The individual has atrial fibrillation AND • The individual has an elevated annual risk of stroke or other systemic thromboembolic events based on a CHA₂DS₂-VASc score greater than or equal to 2 in males or greater than or equal to 3 in females AND • The individual meets one of the following: <ul style="list-style-type: none"> • The individual has an elevated risk of bleeding while on anticoagulation as calculated by a validated risk model (e.g., HAS-BLED score greater than or equal to 3) OR • The individual is ineligible for long-term oral anticoagulation therapy due to the presence of contraindication(s) or other clinically relevant patient specific risk factors for complications of oral anticoagulation use (nonreversible bleeding of the gastrointestinal, pulmonary, or genitourinary system; nonreversible spontaneous intracranial or intraspinal bleeding; or, untreatable recurrent falls that cause serious bleeding) 	Yes	2/1/2027	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2011008