**SAMPLE PRIOR AUTHORIZATION LETTER FOR THE WATCHMAN™ LEFT ATRIAL APPENDAGE CLOSURE (LAAC) PROCEDURE**

**NOTE TO PHYSICIAN:** This sample letter is not meant to be used as a form letter. You should customize the letter to reflect the particular background, medical history and diagnosis of the specific patient, as well as any special requirements of the payer involved. You are responsible for providing true, accurate and complete information concerning the applicable diagnosis and procedure codes and the patient's medical record, and ensuring the medical necessity of the procedure.

This letter is intended as an example for your consideration and may not include all the information necessary to support your prior authorization request. The requesting facility is entirely responsible for ensuring the accuracy, adequacy, and supportability of all information provided. As a reminder, Medicare does not preauthorize medical procedures. It is recommended that you contact your patient’s insurance company to obtain specific inclusion/exclusion criteria.

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Payer policies will vary and should be verified prior to treatment for limitations on diagnosis, coding or site of service requirements. The coding options listed within this guide are commonly used codes and are not intended to be an all-inclusive list. Providers are responsible for making appropriate decisions related to coding and reimbursement submissions.

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**Instructions for completing the sample prior authorization letter:**

1. Please customize the prior authorization template based on the medical appropriateness of the WATCHMAN™ Device for your patient. Fields required for customization are **highlighted in yellow**.
2. It is important to provide the most complete information to assist with the prior authorization process.
3. After you have customized the prior authorization letter, please make sure to delete any specific instructions for completion that are highlighted throughout the letter so the health plan does not misinterpret this as a form letter.
4. If you have questions, please contact 1.800.CARDIAC and ask for WATCHMAN Reimbursement.

[Date]

Attention: Surgery Preauthorization Department

[Insurance Company address]

RE: Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Policy Holder Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Patient ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Policy, Group, or Claim # \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested for procedure: CPT code: 33340 and ICD-10 PCS procedure code: 02L73DK

Dear Madam/Sir:

This letter is to request approval for the surgery, hospital, and post-surgical care associated with the planned implantation of the WATCHMAN™ Left Atrial Appendage closure (LAAC) procedure for [patient name]. This patient is scheduled for surgery on [insert date]. I have attached the clinical documentation (i.e. history and physical, and operative reports) to support medical necessity for the LAAC candidacy.

**WATCHMAN Implant Therapy**

The WATCHMAN LAAC Device is an FDA approved device indicated to reduce the risk of thromboembolism from the left atrial appendage in patients with non-valvular atrial fibrillation who:

* Are at increased risk for stroke and systemic embolism based on CHADS2 or CHA2DS2-VASc[[1]](#footnote-1) scores and are recommended for anticoagulation therapy;
* Are deemed by their physicians to be suitable for warfarin; and
* Have an appropriate rationale to seek a non-pharmacologic alternative to warfarin, taking into account the safety and effectiveness of the device compared to warfarin.

Atrial fibrillation (AF) is a leading cause of stroke and the majority of cardioembolic strokes in non-valvular AF are caused by blood clots that form in the left atrial appendage. Unlike other left atrial appendage closure procedures, the Boston Scientific WATCHMAN system is the most studied device of its kind with over 2,000 patients implanted and over 5,000 patient years of follow-up to date. The WATCHMAN™ LAAC Device is FDA approved and is proven safe and effective for treating patients within its approved indication.

**National Coverage Determination (NCD) established for Percutaneous LAAC Therapy**

Effective on February 8, 2016, CMS has established positive coverage for percutaneous LAAC therapy in its NCD when appropriate Medicare beneficiaries meet specific conditions for coverage. The NCD establishes uniform coverage and access to the WATCHMAN Device with specific patient criteria for LAAC candidates that include the following:

* Patients must have a CHADS2 > 2 or CHA2DS2-VASc score > 3
* There must be documented evidence of a formal shared decision interaction between the patient and an independent, non-interventional physician utilizing an evidenced based tool for oral anticoagulants and AF management
* Must be suitable for warfarin but deemed unable to take long-term warfarin.

To access the NCD for percutaneous LAAC therapy in its entirety, please [click here](https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=281).

Because your health plan either has no coverage criteria or non-covers percutaneous LAAC therapy, I am specifically requesting prior authorization for this procedure based on my patient meeting the NCD for LAAC as referenced. My patient meets the eligibility criteria as follows: [please complete as applicable]

 [ ] CHADS2 score [ ]

 [ ] CHA2DS2- VASc score [ ]

 [ ] Eligible for short-term warfarin therapy but deemed unable to take long-term OAC

[ ] Has clinically meaningful reason for which the risk of long-term anticoagulation outweighs the benefit: [state reason(s) here]

**Patient Medical Appropriateness for WATCHMAN Implant**

I have discussed the procedure with my patient and they have made the decision to have this device implanted with hopes of eliminating his/her continued necessity for the long-term use of warfarin.

***[Physician to insert any additional comments supporting why they and their patient have chosen this procedure as an alternative to warfarin therapy. Reference supporting medical documentation.]***

I feel that ***(patient name)*** will benefit greatly from this procedure. **(*Her/His)*** quality of life and well-being is greatly impacted by atrial fibrillation. In addition to atrial fibrillation, ***(patient)*** also suffers from ***(list all other health-related conditions that patient suffers from and include diagnoses that apply. Provide a brief description of patient’s therapies, including medical management, to date***.***)***

The patient’s current medical management regimen includes: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_].

Side effects suffered from these medications include: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_].

**[*Include patient’s CHADS2 or CHA2DS2 VASc Scores in terms of likelihood for embolic stroke]***

It is my strong belief that after receiving the WATCHMAN™ procedure, ***(patient name)*** will be able to discontinue the use of warfarin and eliminate the drug’s side effects and impact on ***(his/her)*** quality of life. In addition, as it has been proven in the published clinical research, the insertion of the WATCHMAN device may reduce the possible occurrence of stroke and systemic thromboembolism. It may save ***(her/his)*** life.

***Coding***

The WATCHMAN LAAC procedure is reported with CPT code **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

***[Include CPT codes (93312-93320, or 93325 or 93355) for performing transesophageal echocardiography (TEE) if applicable.]***

The relevant ICD10-PCS code for inpatient hospital reporting of the procedure is **02L73DK**: Occlusion of left atrial appendage with intraluminal device, percutaneous approach. CMS has restricted this procedure to the inpatient hospital site of service.

 I would like to request prior authorization for these codes.

*Description of the WATCHMAN LAAC procedure*

A left atrial appendage is closed or occluded using an implant delivered via catheter. The physician places an introducer sheath in a vein (typically, the femoral vein) using percutaneous puncture. The physician places a lumen catheter through the introducer sheath into the femoral vein and advances it, under fluoroscopic guidance, to the right atrium. The physician exchanges this catheter over a wire for a transseptal puncture needle, dilator, and sheath. The physician advances the transseptal puncture apparatus to the right atrium and punctures the intraatrial septum. The physician advances the needle, dilator, and transseptal sheath into the left atrium. The closure device is positioned over the left atrial appendage and deployed blocking the opening completely. The physician removes the catheters and sheaths from the femoral vessels.

My patient,[**Patient name**] is medically appropriate for this procedure, and we request that approval be granted for surgery and all related services as soon as possible. Please fax your approval to my office at the following number [**fax number**] or contact me with additional questions. I can be reached conveniently at [**telephone number**].

Sincerely,

**[Physician Name]**

**[Practice Name]**

**Appendix: WATCHMAN Key Clinical Publications**

The WATCHMAN implant therapy has a strong clinical cadence in being a reliable alternative to warfarin. The published clinical data on the safety and effectiveness of WATCHMAN include but are not limited to the following:

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| * Holmes DR, Reddy VY, Sick P et al. for the PROTECT AF Investigators. Percutaneous closure of the left atrial appendage versus warfarin therapy for prevention of stroke in patients with atrial fibrillation: a randomised non-inferiority trial. *Lancet* **2009**; 374: 534–42.
* Reddy VY, Doshi SK, Sievert H, Holmes D et al. on behalf of the PROTECT AF Investigators

Percutaneous Left Atrial Appendage Closure for Stroke Prophylaxis in Patients With Atrial Fibrillation 2.3-Year Follow-up of the PROTECT AF (Watchman Left Atrial Appendage System for Embolic Protection in Patients With Atrial Fibrillation) Trial. *Circulation* **2013**; 127:720-729. |
| * Alli O, Doshi S, Kar S, Reddy VY, Sievert H et al. Quality of Life Assessment in the Randomized PROTECT AF (Percutaneous Closure of the Left Atrial Appendage Versus Warfarin Therapy for Prevention of Stroke in Patients With Atrial Fibrillation) Trial of Patients at Risk for Stroke With Nonvalvular Atrial Fibrillation. *J Am Coll Cardiol* **2013**; 61:1790–8.
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| * Holmes DR, Kar S, Price M, Whisenant B, Sievert H, Doshi S, Huber K, Reddy V. Prospective randomized evaluation of the Watchman left atrial appendage Device in patients with atrial fibrillation versus long-term warfarin therapy; the PREVAIL trial*. Journal of the American College of Cardiology*, Vol. 4, No. 1, **2014**, 1-11.
* Reddy VY, Sievert H, Halperin J, et al. Percutaneous Left Atrial Appendage Closure vs Warfarin for Atrial Fibrillation: A randomized clinical trial. *JAMA*. **2014**; 312(19): 1988-1998.
* Holmes DR, Jr., Doshi SK, Kar S, et al. Left Atrial Appendage Closure as an Alternative to Warfarin for Stroke Prevention in Atrial Fibrillation: A Patient-Level Meta-Analysis. *J Am Coll Cardiol.* **2015**; 65(24):2614-2623. doi:10.1016/j.jacc.2015.04.025.
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1. January CT, Wann LS, Alpert JS, et. al., 2014 AHA/ACC/HRS Guideline for the Management of Patients With Atrial Fibrillation A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and the Heart Rhythm Society, Circulation, 2014; 130: e199-e267. [↑](#footnote-ref-1)