\*\*\*CONFIDENTIAL\*\*\* Fax completed form and supporting clinical documentation to **1-877-835-2520** \*\*\*CONFIDENTIAL\*\*\*

**WATCHMAN™ Left Atrial Appendage Closure (LAAC) Device**

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| --- | --- | --- | --- |
| **Section 1** | | **Patient, Physician, and Hospital information** | |
| Patient’s Full Name: Patient’s DOB: | | | |
| Physician Name: Name of Surgery Site: Surgery Date: | | | |
| State: NPI# TIN# | | | |
| Site of Surgery: Inpatient Hospital \* Outpatient Hospital \*Medicare restricts code 33340 to inpatient hospital site of service. | | | |
| Procedure Type: WATCHMAN Device Implant (Percutaneous transcatheter left atrial appendage closure procedure with implanted device) | | | |
| **Section 2** | **Diagnosis Code(s):** List all diagnosis codes that support medical necessity for the Watchman Implant | | |
| **Primary Diagnosis Code:** Please complete for primary and/or secondary diagnosis codes and provide other diagnosis codes that might be applicable for documenting patient level of acuity.  Primary diagnosis code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Secondary diagnosis code: Additional diagnosis code/s: | | | |
| **Physician’s Order:** Please indicate services requested for the WATCHMAN Implant | | | |
| **Section 3** | | | **CPT/HCPCS codes** |
| CPT 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 |
| **Section 4** | | | **ICD10 CM Procedure Code** |
| ICD-10 CM Procedure code | | | ICD-10 Descriptor |
| 02L73DK | | | Occlusion of Left Atrial Appendage with Intraluminal Device, Percutaneous Approach |
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| **Section 5** | | **Physician Certification Section** | |
| By signing below, I certify that (**1**) I am the physician identified in the first section of this document, (**2**) I have completed this document in its entirety (or reviewed it carefully after it was completed by an employee under my direction), (**3**) all the information provided by me or my staff, including the patient diagnosis, codes selected and medical documentation supporting the WATCHMAN procedure is true, accurate, and complete to the best of my knowledge. 4) I have included documentation to support medical necessity for LAA closure  Physician Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Required: Please fax patient clinical documentation (e.g., treatment history, physician notes) and insurance information along with the prior authorization form. | | | |
| The WATCHMAN LAAC system 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 an increased risk for stroke and systemic embolism based on CHADS2 or CHA2DS2-VASc1 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.   1. https://www.accessdata.fda.gov/cdrh\_docs/pdf13/P130013b.pdf 2. January CT, Wann LS, Calkins H, Chen LY, Cigarroa JE, Cleveland JC, Jr., et al. 2019 AHA/ACC/HRS focused update of the 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 Clinical Practice Guidelines and the Heart Rhythm Society. Heart Rhythm. 2019;16(8):e66-e93. | | | |

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