

## Medical Coverage Policy | Percutaneous Left Atrial Appendage Closure Devices for Stroke Prevention in Atrial Fibrillation



**EFFECTIVE DATE:** 11|01|2025

**POLICY LAST REVIEWED:** 08|06|2025

### OVERVIEW

Stroke prevention in patients with atrial fibrillation (AF) is an important goal of treatment. Treatment with anticoagulant medications is the most common approach to stroke prevention. Because most embolic strokes originate from the left atrial appendage, occlusion of the left atrial appendage may offer a nonpharmacologic alternative to anticoagulant medications to lower the risk of stroke. Multiple percutaneously deployed devices are being investigated for left atrial appendage closure (LAAC). Two types of left atrial appendage devices (the Watchman and Amplatzer Amulet devices) have approval from the U.S. Food and Drug Administration (FDA) for stroke prevention in patients with AF.

**Note: This policy is applicable to Commercial Products only. For Medicare Advantage Plans, see Related Policies section.**

### MEDICAL CRITERIA

#### Commercial Products

Effective 11/1/2025, CPT 33340/percutaneous left atrial appendage closure may be considered medically necessary when the medical criteria in the online authorization tool for participating providers is met.

### PRIOR AUTHORIZATION

#### Commercial Products

Prior authorization is recommended and obtained via the online tool for participating providers. See Related Policies section.

### POLICY STATEMENT

#### Commercial Products

Effective 11/1/2025, CPT 33340/percutaneous left atrial appendage closure may be considered medically necessary when the medical criteria in the online authorization tool for participating providers is met.

For Medicare Advantage Plans, see Related Policies section.

### COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage or Subscriber Agreement for applicable surgery benefits/coverage.

### BACKGROUND

Not applicable

### CODING

#### Commercial Products

Effective 11/1/2025, the following CPT code(s) may be considered medically necessary for Commercial Products when medical criteria in the online authorization tool are met:

**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

### RELATED POLICIES

Medicare Advantage Plans National and Local Coverage Determinations

## Prior Authorization via Web-Based Tool for Procedures

### **PUBLISHED**

Provider Update, October 2025  
Provider Update, October 2024  
Provider Update, August 2023  
Provider Update, October 2022  
Provider Update, September 2021

### **REFERENCES**

Not applicable

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