

# Prior Authorization Form

NOTE: Refer to the Provider Manual for additional services requiring prior authorization



Fax form to: 888.647.6152

## Percutaneous Left Atrial Appendage Closure (LAAC)

### Member

Last name: \_\_\_\_\_ First name: \_\_\_\_\_  
ID #: \_\_\_\_\_ DOB: \_\_\_\_\_  
Date of service: \_\_\_\_\_  
Requesting provider: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ Contact name: \_\_\_\_\_  
Servicing provider: \_\_\_\_\_ Facility: \_\_\_\_\_  
Provider tax ID: \_\_\_\_\_ Facility tax ID: \_\_\_\_\_  
Address: \_\_\_\_\_  
Provider phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Facility phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Contact name: \_\_\_\_\_ Contact name: \_\_\_\_\_  
Primary diagnosis description: \_\_\_\_\_  
Diagnosis code(s) (ICD-10): \_\_\_\_\_  
Primary procedure description: \_\_\_\_\_  
Procedure code(s) (CPT): \_\_\_\_\_

### Criteria

- ☐ (1) Shared decision making interaction with an independent non-interventional physician regarding oral anticoagulation in patients with NVAf prior to LAAC, using an evidence-based decision tool completed.  
Date: \_\_\_\_\_ Note: Priority Health accepts the following tools: [Ottawa Decision Aids](#) and [EMMI](#)
- ☐ (2) Paroxysmal, persistent or permanent non-valvular atrial fibrillation (AF) or previous history of non-valvular AF
- ☐ (3) CHA<sub>2</sub>DS<sub>2</sub>-VASc score: \_\_\_\_\_ (check all that apply) Note: maximum score is 9 since age may contribute 0, 1, or 2 points.

Risk Factor	Score
Congestive heart failure/LV dysfunction	1
Hypertension	1
Age ≥75	2
Diabetes mellitus	1
Stroke/TIA/thrombo-embolism	2
Vascular disease	1
Age 65–74	1
Sex category (i.e. female sex)	1
<b>Total</b>	

- ☐ (4) HAS-BLED score: \_\_\_\_\_ (check all that apply)

Hypertension History	Uncontrolled, >160 mmHg systolic	1
Renal Disease	Dialysis, transplant, Cr >2.6 mg/dL or >200 µmol/L	1
Liver Disease	Cirrhosis or Bilirubin >2x Normal or AST/ALT/Alkaline phosphatase >3x Normal	1
Stroke History	Focal neurologic deficit diagnosed by a neurologist lasting >24 hours caused by intracranial bleeding	1
Major bleed	Hemorrhage requiring hospitalization or Hb drop >2 g/L or requiring transfusion	1
Labile INR	Unstable/high INRs, Time in Therapeutic Range < 60%	1
Age > 65		1
Medication Usage Predisposing to Bleeding	Antiplatelet agents (ASA clopidogrel) or NSAIDs	1
Alcohol or Drug Usage History	≥ 8 drinks*/week	1
<b>Total</b>		

\*drink is defined as 12 fl oz (350ml) beer 5% alcohol, 5 fl oz (150ml) wine 12% alcohol, 1.5 fl oz (45ml) 80 proof distilled spirits 40% alcohol)

- ☐ (5) Contraindication to long-term oral anticoagulants (OAC) due to history of internal or external bleeding  
Insert bleeding history: \_\_\_\_\_
- ☐ (6) Contraindication to long-term OAC due to high risk for bleeding  
Insert contraindication: \_\_\_\_\_
- ☐ (7) Failure of OAC (e.g. embolic event despite adequate anticoagulation)
- ☐ (8) Survival expectancy > 2 years
- ☐ (9) None of the following contraindications: a) contraindicated/allergic to aspirin, b) unable to take aspirin or warfarin for 45 days, c) history of atrial septal repair or has an ASD/PFO device, d) implanted mechanical valve prosthesis, e) anticoagulation required for another indication (e.g. DVT, PE), f) LVEF < 20%, and g) existing pericardial effusion >2mm

\*\*\*All fields must be complete and legible for prior authorization review\*\*\*

April 2016