

**CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA  
FOR LEFT ATRIAL APPENDAGE CLOSURE THERAPY**

This notification applies to the following networks: Commercial HMO, POS, PPO and Medicare Advantage  
*A listing of all networks can be found on the provider website at <https://wa-provider.kaiserpermanente.org/communications/letters>*

**Effective July 1, 2022**, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are updating the clinical review criteria for left atrial appendage closure (LAAC) therapy.

**Explanation of the change:**

Clinical review criteria for LAAC have been revised to specify that current coverage indications relate to FDA-approved devices used during a percutaneous procedure. Any other devices, including those not FDA-approved or those used during a non-percutaneous approach are considered not medically necessary.

Clinical review criteria can be found on the Kaiser Permanente provider website at: <https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/watchman.pdf>.

**What will I need to do differently for my patients with the following Kaiser Permanente health plans?**

- KFHPWA Health Maintenance Organization (HMO) members: Prior authorization is required.
- KFHPWAO Point of Service (POS) members: Prior authorization is required for in-network coverage.
- KFHPWAO Preferred Provider Organization (PPO) members: Prior authorization is not required.
- Medicare Advantage: Prior authorization is required.

Questions: Please contact Provider Assistance Unit at 1-888-767-4670, Monday through Friday, 8 a.m. to 5 p.m.

**Kaiser Foundation Health Plan of Washington**  
**Kaiser Foundation Health Plan of Washington Options, Inc.**

<CONTRACT MANAGER NAME>

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