



## Transcatheter Occlusion of Patent Foramen Ovale (PFO)

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State(s):

Idaho  Montana  Oregon  Washington  Other:

LOB(s):

Commercial  Medicare  Medicaid

### Enterprise Policy

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*Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determination are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.*

### Background

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The patent foramen ovale (PFO) is a small hole between the two upper chambers of the heart, the right and the left atrium. Patent foramen transcatheter repair is a procedure to fix this hole in the heart. Percutaneous or transcatheter PFO closure devices use catheter technology to access the heart and close the PFO without the need for open-heart surgery and cardiopulmonary bypass. Once in place, the device prevents blood, and potentially blood clots, from flowing between the heart's right and left atria.

### Criteria

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#### Commercial

##### Preauthorization is required

PacificSource considers Transcatheter Closure of Patent Foramen Ovale Closure by an FDA approved device medically necessary when **ALL** of the following conditions are met:

- Individual is 18 – 60 years of age;
- History of cryptogenic stroke;
- Failed conventional drug therapy (e.g., warfarin) or not a candidate for conventional drug therapy;
- A cardiologist and a neurologist agree that the stroke is likely embolic in nature;
- PFO is needed to reduce the risk of recurrent stroke; and
- Other causes of ischemic stroke have been ruled out including, but not limited to, carotid disease, hypercoagulable states or atrial fibrillation.

## Medicaid

PacificSource Community Solutions follows Oregon Health Plan (OHP) per Oregon Administrative Rules (OAR) 410-120-1200 and 410-141-3820 to 3830 for coverage of Transcatheter Occlusion of Patent Foramen Ovale (PFO).

## Medicare

PacificSource Medicare follows this policy for Transcatheter Occlusion of Patent Foramen Ovale.

## Experimental/Investigational/Unproven

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PacificSource considers transcatheter closure of a patent foramen ovale for the prevention of stroke investigational and not medically necessary when the criteria above are not met.

## Definitions

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**Cryptogenic stroke** - a brain infarction not clearly attributable to a definite cardioembolism, large artery, atherosclerosis, or small artery disease despite extensive investigation.

## Code information

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The following list of codes are for informational purposes only and may not be an all-inclusive list. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

**93580** Percutaneous Transcatheter closure, Congenital Interatrial Communication W/Implant

**C1817** Septal defect implant system, intracardiac

\*HCPCS codes, descriptions and materials are copyrighted by Centers for Medicare and Medicaid Services (CMS).

\*CPT® codes, descriptions and materials are copyrighted by the American Medical Association (AMA).

## References

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## Appendix

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**Policy Number:**

**Effective:** 2/1/2021

**Next review:** 2/1/2022

**Policy type:** Enterprise

**Author(s):** [Authors]

**Depts:** Health Services

**Applicable regulation(s):**

**Commercial Ops:** 4/2021

**Government Ops:** 4/2021