

# LEFT ATRIAL APPENDAGE CLOSURE PATIENT SELECTION TOOL

NAME \_\_\_\_\_  MALE  FEMALE      DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_      MD \_\_\_\_\_      INSURANCE \_\_\_\_\_

**THE FOLLOWING CLINICAL DOCUMENTATION IS SUPPORTED WITHIN PATIENT CHART NOTES, WHICH ARE INCLUDED**

Clinically Relevant/Severe Bleeding Event and/or Disposition			<b>INTRACRANIAL</b>	<b>EPISTAXIS</b>	<b>GASTROINTESTINAL</b>	<b>SPONTANEOUS/ OTHER</b>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased Bleeding Risk due to History of Recurrent Falls not Felt to be Treatable			<b>YES</b>	<b>NO</b>	Additional details: _____	
			<input type="checkbox"/>	<input type="checkbox"/>		
Bleed Risk Considered Prohibitive Based on HAS-BLED			<b>YES</b>	<b>NO</b>		
			<input type="checkbox"/>	<input type="checkbox"/>		
Baseline TEE Performed and Documented			<b>YES</b>	<b>NO</b>		
			<input type="checkbox"/>	<input type="checkbox"/>		

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CHA <sub>2</sub> DS <sub>2</sub> VASc Score	<b>CHF (1)</b>	<b>HTN (1)</b>	<b>DM (1)</b>	<b>STROKE, TIA, OR THROMBO-EMBOLISM (2)</b>	<b>65-74 (1)</b>	<b>≥75 (2)</b>	<b>FEMALE (1)</b>	<b>PRIOR MI, PAD OR AORTIC PLAQUE (1)</b>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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CHADS <sub>2</sub> Score	<b>CHF (1)</b>	<b>HTN (1)</b>	<b>DM (1)</b>	<b>STROKE, TIA, OR THROMBO-EMBOLISM (2)</b>	<b>≥75 (1)</b>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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HAS-BLED Score	<b>UNCONTROLLED HTN (1)</b>	<b>ABNORMAL RENAL FX (1)</b>	<b>ABNORMAL LIVER FX (1)</b>	<b>HEMORRHAGIC STROKE (1)</b>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Bleed Risk	<b>BLEEDING HISTORY /DISPOSITION (1)</b>	<b>LABILE INR (1)</b>	<b>AGE &gt;65 (1)</b>	<b>CURRENT ANTI-PLATELET OR NSAIDS (1)</b>	<b>CURRENT EXCESS ALCOHOL OR DRUG USE (1)</b>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**ELIGIBILITY (MAY DIFFER FOR COMMERCIAL PAYER; PLEASE REFERENCE AND INCLUDE POLICY)**

Increased risk for stroke and systemic embolism based on CHADS <sub>2</sub> score ≥2 or CHA <sub>2</sub> DS <sub>2</sub> VASc score ≥3 and recommended for anticoagulation therapy.	<b>YES</b>	<b>NO</b>
	<input type="checkbox"/>	<input type="checkbox"/>
Patient has a chronic health condition that puts them at risk for increased bleeding, e.g. renal failure, liver failure, diabetes, cancer, hemophilia, or von Willebrand disease.	<b>YES</b>	<b>NO</b>
	<input type="checkbox"/>	<input type="checkbox"/>
Increased risk for bleeding on patient health history and/or HAS-BLED score.	<b>YES</b>	<b>NO</b>
	<input type="checkbox"/>	<input type="checkbox"/>
Patient able to take short term oral anticoagulants, but deemed unable to take long term oral anticoagulation (appropriate rationale to seek a non-pharmacologic alternative to warfarin, e.g. non-compliance).	<b>YES</b>	<b>NO</b>
	<input type="checkbox"/>	<input type="checkbox"/>
Additional details: _____		
Discussion and documented shared decision making around the LAAC procedure with an independent, non-interventional physician has occurred.	<b>YES</b>	<b>NO</b>
	<input type="checkbox"/>	<input type="checkbox"/>
The patient, both pre-operatively and post-operatively, will be under the care of a cohesive, multidisciplinary team of medical professionals.	<b>YES</b>	<b>NO</b>
	<input type="checkbox"/>	<input type="checkbox"/>

I certify that I am an Electrophysiologist, Interventional Cardiologist, or Cardiovascular Surgeon who has received required training.

- I have performed more than 25 interventional cardiac procedures with transseptal puncture through an intact septum.
- Within the last 2 years, I have performed more than 25 interventional cardiac procedures involving transseptal puncture through an intact septum.
- Within the last 2 years, at least 12 of the more than 25 interventional cardiac procedures I have performed have been LAAC procedures.

MD SIGNATURE \_\_\_\_\_

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

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CMS encourages the use of an evidence-based tool in physician and patient discussions to help document the appropriateness of LAAC as a non-pharmacological treatment option in comparing the risk-benefit to anticoagulants. I certify that I have received the documented shared decision-making result from an independent, non-interventional physician and have confirmed that the patient remains an appropriate candidate to receive a WATCHMAN device.

MD SIGNATURE \_\_\_\_\_

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

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Based on the included assessment, the patient meets the criteria and has the clinical rationale, supported by the *CMS National Coverage Determination or Commercial Policy*, to receive a WATCHMAN device.

MD SIGNATURE \_\_\_\_\_

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_