BlueCross BlueShield of Arizona
An Independent Licensee of the Blue Cross and Blue Shield Association

MEDICAL COVERAGE GUIDELINES
SECTION: MEDICINE

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CATHETER ABLATION AS TREATMENT FOR ATRIAL FIBRILLATION

Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Medical Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

Description:

Atrial fibrillation frequently arises from an abnormal focus at or near the junction of the pulmonary veins in the left atrium, thus leading to the feasibility of more focused ablation techniques directed at these structures. Catheter-based ablation, using both transcatheter radiofrequency ablation and cryoablation is being used for the treatment of various types of atrial fibrillation.

CATHETER ABLATION AS TREATMENT FOR ATRIAL FIBRILLATION (cont.)

Description: (cont.)

Transcatheter radiofrequency ablation of the pulmonary veins is a treatment for refractory atrial fibrillation. Ablative treatment of atrial fibrillation is complex as there is not an exclusive singular arrhythmogenic focus. Triggering foci for atrial fibrillation have been acknowledged as frequently being located within the muscle that extends into the pulmonary vein. Atrial flutter may be present in addition to atrial fibrillation. The basic strategies for focal ablation within the pulmonary vein as identified by electrophysiologic mapping are segmental ostial ablation guided by pulmonary vein potential (electrical approach) or circumferential pulmonary vein ablation (anatomic approach). Circumferential pulmonary vein ablation using radiofrequency energy is the most commonly used approach. This procedure can also be done using cryoablation technology.

There is no single procedure for catheter ablation, but several variations. Electrical isolation of the pulmonary vein musculature (pulmonary vein isolation) is the cornerstone of most atrial fibrillation ablation procedures, but additional ablation sites may also be included during the initial ablation. Potential additional ablation procedures include creation of linear lesions within the left atrium, ablation of focal triggers outside the pulmonary veins, ablation of areas with complex fractionated atrial electrograms and ablation of left atrial ganglionated plexi. Individuals with long-standing persistent atrial fibrillation may need more extensive ablation. Similarly, repeat ablation procedures for recurrent atrial fibrillation generally involve more extensive ablation than do initial procedures.

Repeat procedures following an initial radiofrequency ablation are commonly performed if atrial fibrillation recurs or if atrial flutter develops post-procedure. A number of clinical and demographic factors have been associated with the need for a second procedure, including age, length of atrial fibrillation, permanent atrial fibrillation, left atrial size and left ventricular ejection fraction. Repeat procedures are of a more limited nature compared with the initial ablation, targeting specific areas where ablation may not be complete, and/or a focused ablation for treatment of postablation atrial flutter. Given the evidence demonstrating improved outcomes for initial catheter ablations for atrial fibrillation, up to two repeat ablations, may therefore be considered to improve outcomes for individuals with atrial fibrillation.

CATHETER ABLATION AS TREATMENT FOR ATRIAL FIBRILLATION (cont.)

Criteria:

- Transcatheter radiofrequency ablation or cryoablation for treatment of atrial fibrillation in individuals who have failed to respond to adequate trials of antiarrhythmic medications is considered ***medically necessary*** with documentation of **ANY** of the following:

    1. Symptomatic paroxysmal or symptomatic persistent atrial fibrillation
    2. As an alternative to atrioventricular nodal ablation and pacemaker insertion in individuals with class II or III congestive heart failure and symptomatic atrial fibrillation

- Transcatheter radiofrequency ablation or cryoablation for treatment of atrial fibrillation as an initial treatment for individuals with recurrent symptomatic paroxysmal atrial fibrillation (>1 episode, with 4 or fewer episodes in the previous 6 months) in whom a rhythm-control strategy is desired is considered ***medically necessary***.

- Two repeat transcatheter radiofrequency ablations or cryoablations for recurrence of atrial fibrillation and/or development of atrial flutter following initial procedure is considered ***medically necessary***.

- Transcatheter radiofrequency ablation or cryoablation for treatment of atrial fibrillation for all other indications not previously listed or if above criteria not met is considered ***experimental or investigational*** based upon:

    1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
    2. Insufficient evidence to support improvement of the net health outcome, and
    3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives, and
    4. Insufficient evidence to support improvement outside the investigational setting.

Resources:

Literature reviewed 06/19/18. We do not include marketing materials, poster boards and non-published literature in our review.

The BCBS Association Medical Policy Reference Manual (MPRM) policy is included in our guideline review. References cited in the MPRM policy are not duplicated on this guideline.

Resources prior to 06/14/16 may be requested from the BCBSAZ Medical Policy and Technology Research Department.

1. 2.02.19 BCBS Association Medical Policy Reference Manual. Catheter Ablation as Treatment for Atrial Fibrillation. Re-issue date 05/04/2018; issue date 07/15/2004.

CATHETER ABLATION AS TREATMENT FOR ATRIAL FIBRILLATION (cont.)

Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1–800–368–1019, 800–537–7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe'é atah nílínigíí Blue Cross Blue Shield of Arizona haada yit'éego bína'ídíłkidgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yína'ídíłkidgo beehaz'áanii hólǫ díí t'áá hazaadk'ehjí háká a'doowołgo bee haz'ą doo bąąh íłínígóó. Ata' halne'ígíí kojį' bich'į' hodíilnih 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

Arabic:
إن كان لديك أو لدى شخص تساعده أسئلة بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون اية تكلفة. للتحدث مع مترجم اتصل ب 877-475-4799.

CATHETER ABLATION AS TREATMENT FOR ATRIAL FIBRILLATION (cont.)

Multi-Language Interpreter Services: (cont.)

Tagalog: Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Blue Cross Blue Shield of Arizona, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 877-475-4799.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Blue Cross Blue Shield of Arizona 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 877-475-4799 로 전화하십시오.

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Blue Cross Blue Shield of Arizona, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 877-475-4799.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue Cross Blue Shield of Arizona haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 877-475-4799 an.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue Cross Blue Shield of Arizona, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 877-475-4799.

Japanese: ご本人様、またはお客様の身の回りの方でも、Blue Cross Blue Shield of Arizona についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、877-475-4799 までお電話ください。

Farsi:
اگر شما، یا کسی که شما به او کمک میکنید ، سوال در مورد Blue Cross Blue Shield of Arizona ، داشته باشید حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت نمایید 877-475-4799
.]تماس حاصل نمایید.

Assyrian:
ܒ ܫܟܚ، ܡ ܡ ܩܛܝܩܐ ܕܡܝܕܝܐ ܒܗ، ܫܐܠܬܐ ܕܥܡ Blue Cross Blue Shield of Arizona، ܫܟܚ ܫܐܠܬܐ ܕܥܡ ܒܗ، ܫܐܠܬܐ ܕܥܡ ܒܗ ܐܝܬ ܠܟ ܙܕܩ ܕܗܘ ܠܗ ܘܕܒܥܐ ܒܠܫܢܟ ܒܚܪܝܬܐ ܘܒܠܐ ܡܫܠܡ. ܕܡܬܡܠܠ ܥܡ ܡܢ ܕܥܒܕ ܠܟ، ܩܪܝ ܠܡܠܦܢ ܒܡܣܪ 877-475-4799.

Serbo-Croatian: Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Blue Cross Blue Shield of Arizona, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 877-475-4799.

Thai: หากคณ หรอคนทคณกาลงชวยเหลอมคาถามเกยวกบ Blue Cross Blue Shield of Arizona คณมสทธทจะไดรบความชวยเหลอและขอมลในภาษา ของคณไดโดยไมมคาใชจาย พดคยกบลาม โทร 877-475-4799