RADIOFREQUENCY ABLATION OR CRYOABLATION FOR ESOPHAGEAL DISORDERS

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.

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Description:

Barrett’s Esophagus (BE):
A condition in which the normal squamous epithelium is replaced by specialized columnar-type epithelium, known as intestinal metaplasia, in response to irritation and injury caused by gastroesophageal reflux disease (GERD). Intestinal metaplasia is a precursor to adenocarcinoma.
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Description: (cont.)

Cryoaulation:
A minimally invasive procedure that uses a low-pressure spray to apply liquid nitrogen through an upper endoscope to ablate dysplastic tissue in the esophagus. Cryoaulation has been investigated as a treatment for Barrett’s esophagus.

Esophageal Dysplasia:
Abnormal esophageal cellular changes that tend to lead to cancer.

Radiofrequency Ablation (RFA):
A minimally invasive procedure in which a bi-polar electrode balloon is placed in the esophagus and inflated using precisely controlled radiofrequency energy to ablate the dysplastic tissue. RFA has been investigated as a treatment for esophageal disorders.

Criteria:

Radiofrequency Ablation (RFA):

- Radiofrequency ablation is considered medically necessary for Barrett’s esophagus (BE) with documentation of ONE of the following:
  1. Barrett’s esophagus with high-grade dysplasia
  2. Low-grade dysplasia confirmed by two pathologists prior to the RFA

- Radiofrequency ablation for the following indications 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.

These indications include, but are not limited to:

- Barrett’s esophagus without dysplasia
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Criteria: (cont.)

Cryoablation:

- Cryoablation is considered experimental or investigational for Barrett’s esophagus with or without dysplasia 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 12/18/18. 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 03/01/11 may be requested from the BCBSAZ Medical Policy and Technology Research Department.


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Resources: (cont.)


RADIOFREQUENCY ABLATION OR CRYOABLATION FOR ESOPHAGEAL DISORDERS (cont.)

Resources: (cont.)

FDA 510K Summary for Electrosurgical, Cutting & Coagulation & Accessories. Device names include, but are not limited to:

Barrx™ 360 RFA Balloon Catheter
Barrx™ 90 RFA Focal Catheter

- FDA-approved indication: For use in the coagulation of bleeding and non-bleeding sites in the gastrointestinal tract including but not limited to the esophagus. Indications include Esophageal Ulcers, Mallory-Weiss tears, Arteriovenous Malformations, Angiomata, Barrett's esophagus, Dieulafoy Lesions, and Angiodysplasia.

FDA 510K Summary for CryoSpray Ablation™ System:

- FDA-approved indication: For use as a cryosurgical tool for destruction of unwanted tissue in the field of general surgery, specifically for endoscopic applications.
RADIOFREQUENCY ABLATION OR CRYOABLATION FOR ESOPHAGEAL DISORDERS (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/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 nilinígíí Blue Cross Blue Shield of Arizona haada yil’t’éego bíná’ idilkidgo éí doodago Háída bíjá aniyyeeedíígi t‘áadoo le’é yina’ idilkidgo beehaz’ áñíi hólo díí t‘áa hazaadk’ehí háká a’doowolgo bee haz’ á doo báqah ilinígoó. Ata’ halné’ígíígi kojj’ bích’í’ hodilíihños 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 thể 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 تساعدمة أسئلة بخصوص الضرورية بلغتك من دون أي تكلفة للتحدث مع مرجم أتصل ب 877-475-4799.
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Multi-Language Interpreter Services: (cont.)

Tagalog: Kung ikaw, o ang iyong tinutuulanan, 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 돌아가고 있는 어떤 사람이 Blue Cross Blue Shield of Arizona에 관해서 질문이 있다면 귀하신 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 동역사와 얘기하기 위해서는 877-475-4799로 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 Deutetscher 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。通訳をおおされる場合、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 اطلاعاتی که درباره Blue Cross Blue Shield of Arizona می‌سپارید را بپرسید. اگر بلای آن را به دویان رایگان دریافت نمایید 877-475-4799.

Assyrian: !#

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

Thai: ขณะนี้ กรมคุ้มครองสิทธิของผู้ป่วยทางการแพทย์ Blue Cross Blue Shield of Arizona คุณสามารถขอได้รับความช่วยเหลือและข้อมูลที่จำเป็นของคุณได้โดยไม่มีค่าใช้จ่าย ติดต่อ 877-475-4799