Radiofrequency Ablation Treatment for Benign Tumors

LOB(s):	State(s):
☒ *Commercial* ☒ *Medicare*	☒ *Idaho* ☒ *Montana* ☒ *Oregon* ☒ *Washington* ☐ *Other:*
☒ *Medicaid*	☒ *Oregon*

Enterprise Policy

PacificSource is committed to assessing and applying current regulatory standards, widely-used treatment guidelines, and evidenced-based clinical literature when developing clinical criteria for coverage determination. Each policy contains a list of sources (references) that serves as the summary of evidence used in the development and adoption of the criteria. The evidence was considered to ensure the criteria provide clinical benefits that promote patient safety and/or access to appropriate care. Each clinical policy is reviewed, updated as needed, and readopted, at least annually, to reflect changes in regulation, new evidence, and advancements in healthcare.

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 determinations 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

Radiofrequency ablation (RFA) is minimally invasive, image-guided procedure that uses thermal energy to destroy targeted benign tumor tissue. RFA is an established alternative to surgery for appropriately selected patients and is associated with high success rates, symptom improvement, and low recurrence and procedural risk.

Benign thyroid nodules are common and may be asymptomatic or cause compressive symptoms. While surgery remains a well-established treatment, when intervention is indicated, radiofrequency ablation offers a minimally invasive alternative for select patients, particularly those who are poor surgical candidates or who wish to avoid surgery.

Osteoid osteoma is a benign bone tumor commonly affecting children and young adults and typically presents with localized pain, often worse at night. Image-guided ablation techniques have become standard treatment approaches due to high rates of pain relief, low recurrence, and avoidance of open surgical resection.

Criteria

Commercial

Prior authorization is required.

I. Benign Thyroid Nodule(s)

A. PacificSource considers radiofrequency ablation medically necessary for the treatment of benign thyroid nodules(s) when **ALL** of the MCG A-0718 (AC) is met.

II. Benign Bone Tumor (Osteoid Osteoma)

A. PacificSource considers radiofrequency ablation medically necessary for the treatment of osteoid osteoma when **ALL** of the MCG A-0718 (AC) is met.

Medicaid

PacificSource Community Solutions (PCS) follows the general coverage, limitations, and exclusions outlined in OARs 410-141-3820, 410-141-3825, and 410-120-1200. Relevant coverage guidance, including but not limited to Guideline Note 144 of the Health Evidence Review Commission (HERC) Prioritized List of Health Services; as well as any applicable Oregon Administrative Rules (OARs) may be used to determine coverage of Radiofrequency ablation treatment for benign tumors.

PCS follows the “Unlisted and Unspecified Procedure Codes” policy for requests for unlisted codes.

PacificSource Community Solutions (PCS) follows the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) coverage requirements in OAR 410-151-0000 through 410-151-0003 for EPSDT beneficiaries. Relevant coverage guidance, including but not limited to Guideline Note 144, may be used to assist in informing a determination of medical necessity and medical appropriateness during the individual case review. A case-by-case review for EPSDT Medical Necessity and EPSDT Medical Appropriateness as defined in OAR 410-151-0001 is required prior to denying. Refer to the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) policy for details.

Medicare

PacificSource Medicare follows CMS guidelines and criteria. In the absence of CMS guidelines and criteria, PacificSource Medicare will follow the PacificSource commercial criteria above for determination of coverage and medical necessity coverage of benign thyroid nodule(s) and benign bone tumor.

Experimental/Investigational/Unproven

PacificSource considers radiofrequency ablation for the treatment of benign thyroid nodule(s) experimental, investigational, or unproven for other indications not included above.

Coding Information

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

20982 Ablation, Bone Tumor(s) (e.g., Osteoid Osteoma) Radiofrequency, Percutaneous, Including Computed Tomographic Guidance

60660 Ablation of 1 or more thyroid nodule(s), one lobe or the isthmus, percutaneous, including imaging guidance, radiofrequency

60661 Ablation of 1 or more thyroid nodule(s), additional lobe, percutaneous, including imaging guidance, radiofrequency (List separately in addition to code for primary procedure)

60699 Unlisted procedure, endocrine system

Definitions

Magnetic resonance imaging (MRI) - The use of a nuclear magnetic resonance spectrometer to produce electronic images of specific atoms and molecular structures in solids, especially human cells, tissues, and organs.

Percutaneous - A medical procedure in which access to inner organs or other tissue is achieved via puncture of the skin.

References

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National Institute for Health and Care Excellence (NICE). (June 29, 2016). Ultrasound-guided percutaneous radiofrequency ablation for benign thyroid nodules. Retrieved April 21, 2023, from https://www.nice.org.uk/Guidance/IPG562

Oregon Health Authority. Oregon Administrative Rules (OARs). Health Systems: Medical Assistance Programs – Chapter 410 https://secure.sos.state.or.us/oard/displayChapterRules.action?selectedChapter=87

Oregon Health Authority. The Health Evidence Review Commission (HERC) Prioritized List of Health Services https://www.oregon.gov/oha/HSD/OHP/Pages/Prioritized-List.aspx

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Related Policies

Clinical Criteria Used in UM Decisions

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

Unlisted and Unspecified Procedure Codes

Appendix

Policy Number:

Effective: 1/1/2023 **Next review:** 7/1/2027

Policy type: Enterprise

Author(s):

Depts: Health Services

Applicable regulation(s): 42 CFR § 422.101(b-c); OARs 410-120-1200, 410-141-3820 , 410-141-3825, 410-151-0001, 410-151-0002, 410-151-0003

OPs Approval: 5/2026