



Interventional Treatment for Renal Cell Cancer

LOB(s): <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid	State(s): <input checked="" type="checkbox"/> Idaho <input checked="" type="checkbox"/> Montana <input checked="" type="checkbox"/> Oregon <input checked="" type="checkbox"/> Washington <input type="checkbox"/> Other: <input checked="" type="checkbox"/> Oregon <input type="checkbox"/> Washington
---	--

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

Renal cell cancer treatment options may include cryoablation (cryotherapy, cryosurgery), radiofrequency ablation (RFA), or renal artery embolization to eliminate cancer cells. Cryoablation uses subfreezing temperatures, radiofrequency ablation uses heat from high energy radio waves. Renal artery embolization utilizes an injected substance to block the blood supply of a kidney tumor. All techniques use imaging guidance, such as a CT scan, and needle-like probes to reach the cancer cells.

Criteria

Commercial

Prior authorization is required

I. Cryoablation and Radiofrequency Ablation

PacificSource considers cryoablation and radiofrequency ablation of renal cell cancer to be medically necessary when **ONE** or more of the following criteria is met:

- A. Member is not a candidate for partial nephrectomy or radical nephrectomy
- B. Member has a single kidney
- C. Member has renal insufficiency as defined by a glomerular filtration rate (GFR) of less than or equal to 60 mL/min/m²

D. Renal cell carcinoma tumor(s) are less than or equal to 4 cm in diameter

II. Renal artery embolization

PacificSource considers renal artery embolization to be medically necessary when **ONE** or more of the following criteria is met:

- A. Pre-operative adjunct to nephrectomy in the treatment of persons with large, hypervascular renal cell carcinomas
- B. Palliative specific treatment for renal cell carcinomas

NOTE: Specific injectable substances used in renal artery embolization are considered bundled and not separately reimbursable.

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 Cryoablation and Radiofrequency ablation for Renal Cell Cancer.

PacificSource Community Solutions (PCS) follows EPSDT coverage requirements in OAR 410-151-0002 for members under the age of 21. Coverage of Cryoablation and Radiofrequency Ablation for Renal Cell Cancer is determined through case-by-case reviews for EPSDT Medical Necessity and EPSDT Medical Appropriateness defined in OAR 410-151-0001. Guideline Note 225 may be used to assist in informing a determination of medical necessity and medical appropriateness during the individual case review.

Medicare

PacificSource Medicare follows CMS guidelines and criteria. In the absence of CMS guidelines and criteria, PacificSource Medicare will follow internal policy for determination of coverage and medical necessity.

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.

- 37242 Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)
- 37243 Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction
- 50250 Ablation, open, 1 or more renal mass lesion(s), cryosurgical, including intraoperative ultrasound guidance and monitoring, if performed
- 50542 Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed
- 50592 Ablation, 1 or more renal tumor(s), percutaneous, unilateral, radiofrequency

50593 Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy

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

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

Definitions

Ablation - The destruction of a body part or tissue or its function. Ablation may be achieved by surgery, hormones, drugs, radiofrequency, heat, or other methods.

Cryosurgical ablation (cryotherapy or cryoablation) - A surgical procedure where cancerous or diseased cells are destroyed using extreme cold.

Metastasis - The spread of cancer from one part of the body to another. A metastatic tumor contains cells that are like those in the original (primary) tumor and have spread.

Radiofrequency ablation (RFA) - A surgical procedure where cancerous or diseased cells are destroyed using heat produced by high-frequency radio waves.

Renal artery embolization is a non-surgical technique, using a catheter to inject material into the artery causing the blood to clot and block blood flow to the kidney.

Tumor: An abnormal mass of tissue that results from excessive cell division that is uncontrolled and progressive, also called a neoplasm.

Unresectable - Refers to a tumor that cannot safely be removed surgically due to size or location.

References

Ablation and Other Local Therapy for Kidney Cancer. (May 1, 2024). American Cancer Society., from <https://www.cancer.org/cancer/kidney-cancer/treating/ablation.html>

Ginat DT, Saad WE, Turba UC. Transcatheter renal artery embolization: clinical applications and techniques. *Tech Vasc Interv Radiol*. 2009 Dec;12(4):224-39. doi: 10.1053/j.tvir.2009.09.007. PMID: 20005480.

Grenier N, Petitpierre F, Le Bras Y, Lasserre AS, Cornelis F. Renal embolization. *Nephrol Ther*. 2016 Apr;12 Suppl 1:S139-43. doi: 10.1016/j.nephro.2016.01.009. Epub 2016 Mar 8. PMID: 26968474.

Hines, A., & Nahum Goldberg, S. (September 3, 2024). *Radiofrequency ablation and cryoablation for renal cell carcinoma*. UpToDate, Inc. <https://www.uptodate.com/contents/radiofrequency-ablation-and-cryoablation-for-renal-cell-carcinoma>

Loffroy R, Rao P, Ota S, Geschwind JF. Renal artery embolization prior to radical nephrectomy for renal cell carcinoma: when, how and why? *Br J Radiol*. 2010 Jul;83(991):630; author reply 631-2. doi: 10.1259/bjr/34309294. PMID: 20603414; PMCID: PMC3473684.

Maria, T., & Georgiades, C. (2015). Percutaneous Cryoablation for Renal Cell Carcinoma. *Journal of kidney cancer and VHL*, 2(3), 105–113. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5345531/>

Motzer, R. J., Jonasch, E., Agarwal, N., Alva, A., Baine, M., Beckermann, K., Carlo, M. I., Choueiri, T. K., Costello, B. A., Derweesh, I. H., Desai, A., Ged, Y., George, S., Gore, J. L., Haas, N., Hancock, S. L., Kapur, P., Kyriakopoulos, C., Lam, E. T., Lara, P. N., ... Motter, A. (2022). Kidney Cancer, Version 3.2022, NCCN Clinical Practice Guidelines in Oncology. *Journal of the National Comprehensive Cancer Network : JNCCN*, 20(1), 71–90. National Institute for Health and Clinical Excellence (NICE). Percutaneous Cryotherapy for renal cancer. NICE interventional procedure guidance [IPG402] July 2011. <https://www.nice.org.uk/guidance/ipg402>

Muller A, Rouvière O. Renal artery embolization-indications, technical approaches and outcomes. Nat Rev Nephrol. 2015 May;11(5):288-301. doi: 10.1038/nrneph.2014.231. Epub 2014 Dec 23. PMID: 25536394.

Shanmugasundaram S, Cieslak JA, Sare A, Chandra V, Shukla PA, Kumar A. Preoperative embolization of renal cell carcinoma prior to partial nephrectomy: A systematic review and meta-analysis. Clin Imaging. 2021 Aug;76:205-212. doi: 10.1016/j.clinimag.2021.04.021. Epub 2021 May 3. PMID: 33964598.

Wah, T., Irving, H., Gregory, W., Cartledge, J., Joyce, A., & Selby, P. (October 22, 2013). Radiofrequency ablation (RFA) of renal cell carcinoma (RCC): experience in 200 tumours. BJU international, 113(3), 416–428. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4233988/>

Appendix

Policy Number:

Effective: 12/1/2020

Next review: 2/1/2026

Policy Type: Enterprise

Author(s):

Depts: Health Services

Applicable regulation(s): OARs 410-120-1200, 410-141-3820, 410-141-3825, 410-141-3830, 410-151-0002, and 410-151-0001.

Commercial OPs: 10/2024

Government OPs: 11/2024