



Cryoablation of Renal Cell Cancer

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:	LOB(s): <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid
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Commercial Policy

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, 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 determination 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

Cryoablation (cryotherapy, cryosurgery) is a technique of destroying cells using subfreezing temperatures. During percutaneous cryoablation, a hollow probe containing supercooled gas or liquid is passed through a small incision in the skin and positioned into the tumor, usually with the assistance of computed tomography (CT) or other imaging. The cryoprobe creates an ice ball which engulfs the tumor resulting in tumor necrosis. Ice balls should extend 1cm beyond the tumor margins. This limits the size of the tumors which can be treated with cryotherapy since larger ice balls may impinge on the bowel or bladder.

Renal cell carcinoma is the most common type of kidney cancer in adults. Treatment options include partial or total nephrectomy (laparoscopic or open). Some patients are considered to be poor surgical risks for a laparoscopic or open procedure due to advanced age or comorbid conditions so ablative techniques including radiofrequency and cryoablation may be preferable.

Criteria

PacificSource considers cryoablation of renal cell cancer to be medically necessary when **ALL** of the following criteria are met:

- Renal cell carcinoma tumor is less than or equal to 4cm in diameter *and*
- The member is not considered a surgical candidate.

Coding Information

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 [when specified as cryosurgical ablation]

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

References

Hayes Medical Technology Directory Percutaneous Cryoablation for the Treatment of Renal Masses. Winifred S. Hayes Inc., June 9, 2014. Annual review May 8, 2018

National Comprehensive Cancer Network (NCCN). Kidney Cancer. NCCN Clinical Practice Guidelines in Oncology v 3.2019. Fort Washington, PA.

National Institute for Health and Clinical Excellence (NICE). Percutaneous Cryotherapy for renal cancer. NICE interventional procedure guidance [IPG402] July 2011. Accessed January 6, 2016, June 13, 2017, March 5, 2018, February 28, 2019.

<https://www.nice.org.uk/guidance/ipg402>

Appendix

Policy Number: [Policy Number]

Effective: 2/1/2020

Next review: 2/1/2021

Policy Type: Enterprise