



Cryoablation and Radiofrequency Ablation for Renal Cell Cancer

State(s):

Idaho Montana Oregon Washington Other:

LOB(s):

Commercial Medicare Medicaid

Enterprise 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, 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 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

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.

Cryoablation (cryotherapy, cryosurgery) is a technique of destroying cells using subfreezing temperatures. During percutaneous cryoablation, a hollow probe containing super cooled 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.

Radiofrequency ablation uses high-energy radio waves to heat the tumor. A thin, needle-like probe is placed through the skin and moved forward until the end is in the tumor. Placement of the probe is guided by ultrasound or CT scan. Once it is in place, an electric current is passed through the tip of the probe. This heats the tumor and destroys the cancer cells.

Criteria

Commercial

Prior authorization is required.

PacificSource considers cryoablation of renal cell cancer to be medically necessary for individuals with renal cell carcinoma tumors that are less than or equal to 4 cm in diameter when one or more of the following criteria are met:

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

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 considers 50592 Ablation, 1 or more renal tumor(s), percutaneous, unilateral, radiofrequency to have insufficient evidence of effectiveness per Guideline Note 173 of the OHP Prioritized List of Health Services.

Medicare

PacificSource Medicare follows CMS guidelines and criteria. In the absence of internal policy guidelines, CMS criteria, and evidence-based criteria, requests are reviewed on an individual basis 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.

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

50592 Ablation, 1 or more renal tumor(s), percutaneous, unilateral, radiofrequency

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.

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. (n.d.). American Cancer Society. Retrieved November 4, 2020, from <https://www.cancer.org/cancer/kidney-cancer/treating/ablation.html>

Hayes Medical Technology Directory Percutaneous Cryoablation for the Treatment of Renal Masses. Winifred S. Hayes Inc., June 9, 2014. Annual review May 8, 2018. Annual Review: May 8, 2018. Archived Jul 8, 2019.

Hines, A., & Nahum Goldberg, S. (n.d.). *Radiofrequency ablation and cryoablation for renal cell carcinoma.* UpToDate, Inc. Retrieved November 4, 2020, <https://www.uptodate.com/contents/radiofrequency-ablation-and-cryoablation-for-renal-cell-carcinoma>

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, and November 04, 2020.

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

NCCN Clinical Practice Guidelines in Oncology: Kidney Cancer. (2020, July 15). National Cancer Comprehensive Network (NCCN.Org).

Tsitskari, M., & Christos, G. (2015, June 9). *Percutaneous Cryoablation for Renal Cell Carcinoma.* The National Center for Biotechnology Information. US National Library of Medicine. National Institutes of Health. (Ncbi.Nlm.Nih.Gov). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5345531/>

Wah, T., Irving, H., Gregory, W., Cartledge, J., Joyce, A., & Selby, P. (2013, October 22). *Radiofrequency ablation (RFA) of renal cell carcinoma (RCC): experience in 200 tumours.* The National Center for Biotechnology Information. US National Library of Medicine. National Institutes of Health. (Ncbi.Nlm.Nih.Gov). Added 11/04/2020 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4233988/>

Appendix

Policy Number:

Effective: 12/1/2020

Next review: 12/1/2022

Policy Type: Enterprise

Author(s):

Depts: Health Services

Applicable regulation(s):

Commercial Ops: 10/2021

Government Ops: 9/2021