Radiofrequency Ablation Treatment for Benign Tumors

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

Radiofrequency ablation (RFA) destroys cells (cancerous and normal) by applying a heat-generating rapidly alternating radiofrequency current through probes inserted into the tumor. The cells ablated by RFA are not removed but are gradually replaced by fibrosis and scar tissue. If there is local recurrence, it occurs at the edge of this scar tissue and, in some cases, may be retreated. RFA can be performed as an open surgical procedure, laparoscopically, or percutaneously with ultrasound or computed tomography (CT) guidance.

Uterine fibroids (i.e., leiomyomas or myomas) are noncancerous growths that develop from the smooth muscular tissue of the uterus usually during childbearing years. The size and growth pattern of uterine fibroids vary. They may be found as subserosal, intramural, submucosal, or pedunculated masses. They may also be located in the cervix or broad ligament. Although the cause is unknown, hormones seem to be a related factor.

Thyroid nodules will affect more than half of adults by the age of 60. Most nodules are asymptomatic and benign when detected, but for patients who are symptomatic or have cosmetic concerns treatment is required. Although surgical treatment is well-established, it typically involves an incision that leaves a visible scar. Minimally invasive Radiofrequency Ablation offers an alternative to surgery, with the goal of

reducing scarring and surgical trauma. Radiofrequency Ablation is an ultrasound guided, minimally invasive treatment approach, which applies high frequency alternating electric current to the thyroid nodule via an electrode inserted into the area with the largest diameter. The energy delivered produces temperatures that cause necrosis of the nodule tissues and reduces the nodule's volume. Radiofrequency Ablation of the thyroid for treatment of Benign Thyroid Nodules is generally performed as an outpatient procedure with US guidance under local anesthetic.

Criteria

Commercial

Prior authorization is required

I. Uterine Fibroid

A. PacificSource may consider the use of laparoscopic (e.g., Acessa®) or transcervical (e.g., Sonata®) radiofrequency ablation as a treatment for symptomatic uterine fibroids to be medically necessary when **ALL** of the following criteria are met:

1. Persistence of one or more symptoms directly attributed to uterine fibroids (e.g., excessive menstrual bleeding unresponsive to conservative management (menorrhagia), bulk-related pelvic pain, pressure or discomfort, urinary symptoms referable to compression of the ureter or bladder, and/or dyspareunia)

2. Premenopausal status

3. Uterine preservation is desired

4. Fibroids are less than 10 cm in any diameter

5. Testing has ruled out other potential causes for symptoms (e.g., infection, malignancy)

II. Benign Thyroid Nodule(s)

A. PacificSource may consider radiofrequency ablation as a treatment for benign thyroid nodules(s) to be medically necessary when the following criteria is met:

1. Member is 18 years or older

2. Thyroid nodule(s) are greater than 2 cm in diameter

3. Cytologically benign on fine needle aspiration biopsy

4. Member is a high-risk surgical candidate, as defined below;

a. American Society of Anesthesiologists Physical Status classification system (ASA) level 3 or higher

b. Increased risk for complications due to severe comorbidity (e.g., unstable angina, uncontrolled diabetes, congestive heart failure, end stage renal disease, respiratory failure, morbid obesity (list is not all inclusive))

Medicaid

PacificSource Community Solutions follows Guideline 40 of the OHP Prioritized List of Health Services for coverage of Uterine Fibroid Treatment.

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.

Experimental/Investigational/Unproven

PacificSource considers the following treatments for uterine fibroids to be experimental, investigational, or unproven:

- Acupuncture
- Cryomyolysis
- Cryotherapy
- Electrical ablation
- Interstitial thermotherapy
- Lasers
- Ultrasound ablation, with or without magnetic resonance imaging (MRI) guidance

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.

58580 Transcervical ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency

58674 Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency

58999 Unlisted procedure, female genital system (non-obstetrical)

0071T Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume less than 200 cc of tissue

0072T Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume greater or equal to 200 cc of tissue

0673T Ablation, benign thyroid nodule(s), percutaneous, laser, including imaging guidance

60699 Unlisted procedure, endocrine system

Definitions

Fibroids - Fibrous tissue collected in the uterine wall; also referred to as leiomyomas or myomas.

Laparoscopic - A surgical procedure performed using a laparoscope, a thin fiberoptic scope introduced into a body cavity for diagnostic and surgical purposes.

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.

Transcervical - A medical procedure performed through the cervical opening of the uterus.

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Appendix

Policy Number:

Effective: 1/1/2023 **Next review:** 6/1/2024

Policy type: Enterprise

Author(s):

Depts: Health Services

Applicable regulation(s): Guideline 40 of the OHP Prioritized List of Health Services

Commercial OPs: 2/2024

Government OPs: 2/2024