



Radiofrequency Ablation of Miscellaneous Solid Tumors Excluding Liver Tumors

I. Policy

University Health Alliance (UHA) will reimburse for Radiofrequency Ablation (RFA) of Miscellaneous Solid Tumors Excluding Liver Tumors when it is determined to be medically necessary and when it meets the medical criteria guidelines (subject to limitations and exclusions) indicated below.

II. Criteria/Guidelines

- A. Radiofrequency ablation is covered (subject to Limitations/Exclusions and Administrative Guidelines) in the following situations:
1. To palliate pain in patients with osteolytic bone metastases who have failed or are not candidates for standard treatments such as radiation or opioids.
 2. To treat osteoid osteomas that cannot be managed successfully with medical treatment.
 3. To treat localized renal cell carcinoma that is no more than 4 cm in size and limited to the kidney, or when either of the following criteria are met:
 - a. In order to preserve kidney function in patients with significantly impaired renal function (i.e., the patient has bilateral renal cell carcinoma, a single kidney, a genetic predisposition to multiple tumors (e.g., van Hippel-Landau syndrome) or chronic renal insufficiency) as a way to postpone or avoid the need for chronic dialysis.
 - b. The patient is not considered a surgical candidate.
 4. Radiofrequency ablation is covered (subject to Limitations/Exclusions) to treat the following types of pulmonary tumors:
 - a. An isolated peripheral non-small cell lung cancer lesion that is no more than 3 cm in size when the following criteria are met:
 - i. Surgical resection or radiation treatment with curative intent is considered appropriate based on stage of disease; however, medical co-morbidity renders the individual unfit for those interventions.
 - ii. Tumor is located at least 1 cm from the trachea, main bronchi, esophagus, aorta, aortic arch branches, pulmonary artery and the heart
 - b. Malignant non-pulmonary tumor(s) metastatic to the lung that are no more than 3 cm in size when the following criteria are met:
 - i. Tumors should be amenable to complete ablation
 - ii. In order to preserve lung function when surgical resection or radiation treatment is likely to substantially worsen pulmonary status OR the patient is not considered a surgical candidate
 - iii. There is no evidence of extrapulmonary metastases; AND
 - iv. The tumor is located at least 1 cm from the trachea, main bronchi, esophagus, aorta, aortic arch branches, pulmonary artery, and the heart.
 5. Treatment of soft tissue sarcoma of the trunk or extremities in symptomatic persons with disseminated metastases. RFA may control a single focus of disease that is progressing while other sites of disease involvement are stable or responding to therapy. However, RFA has not been proven to improve patient survival.

6. RFA is a potential option for patients with potentially resectable isolated liver metastases <5 cm who are not surgical candidates. The highest ablation success rates are achieved in patients with a solitary metastasis or a few metastases that are all less than 3 cm in size
7. RFA for removal of other primary or metastatic malignant neoplasms, when removal of the neoplasm may be curative, and the member is unable to tolerate surgical resection.

III. Limitations/Exclusions

- A. Radiofrequency ablation is not covered to treat the following:
 1. Tumors of the breast
 2. Lung cancer not meeting the criteria above
 3. Renal cell cancer not meeting the criteria above
 4. All other tumors outside the liver including, but not limited to, the head and neck, adrenal gland, ovary, and pelvic/abdominal metastases of unspecified origin
 5. Curative treatment of primary or metastatic malignant neoplasms in persons who are able to tolerate surgical resection
- B. Radiofrequency ablation is not covered for the treatment of osteoid osteomas that can be managed with medical treatment.
- C. Radiofrequency ablation is not covered in the initial treatment of painful bony metastases.
- D. Radiofrequency ablation for malignant non-pulmonary tumor(s) metastatic to the lung is limited to three tumors per lung.
- E. Twelve months should elapse before a repeat ablation is considered.

NOTE:

This UHA payment policy is a guide to coverage, the need for prior authorization and other administrative directives. It is not meant to provide instruction in the practice of medicine, and it should not deter a provider from expressing his/her judgment.

Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member's individual benefit plans may apply, and this policy is not a guarantee of payment. UHA reserves the right to apply this payment policy to all UHA companies and subsidiaries.

UHA understands that opinions about and approaches to clinical problems may vary. Questions concerning medical necessity (see Hawaii Revised Statutes §432E-1.4) are welcome. A provider may request that UHA reconsider the application of the medical necessity criteria in light of any supporting documentation.

IV. Administrative Guidelines

- A. Prior authorization is required.
- B. All of the following documentation must be submitted:
 1. Current history and physical documenting the patient's condition including any comorbidities
 2. Imaging studies
- C. To request prior authorization, please submit via UHA's online portal. If a login has not been established, you may contact UHA at 808-532-4000 to establish one.
- D. Applicable codes:

CPT Code	Description
20982	Ablation therapy for reduction or eradication of 1 or more bone tumors (e.g., metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; radiofrequency
32998	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; radiofrequency
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

V. Policy History

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