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 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 one kidney or renal insufficiency defined by a glomerular filtration rate [GFR] of less than 60 mL/min per m2) when the standard surgical approach (i.e., resection of renal tissue) is likely to substantially worsen existing kidney function.

   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 the tumor is located at least 1 cm from the trachea, main bronchi, esophagus, aorta, aortic arch branches, pulmonary artery and the heart.
5. As an alternative to sharp surgical resection of debulking of primary or metastatic malignant neoplasm where standard clinical criteria are met.

6. Treatment of metastatic gastro-intestinal stromal tumors (GIST) with limited progression.

7. Treatment of osteoid osteoma, as a less invasive alternative to surgical resection of the tumor.

8. Treatment of soft tissue sarcoma of the trunk or extremities in symptomatic persons with disseminated metastases.

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

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.

F. 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 go to UHA’s website: 
http://www.uhahealth.com/forms/form_request_auth.pdf and submit it:

**Via Fax:** 1-866-572-4384

**Via Mail:**  
UHA Health Care Services  
700 Bishop Street, Suite 300  
Honolulu, HI 96813

D. Applicable Codes:

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>20982</td>
<td>Ablation, bone tumor(s) (e.g., osteoid osteoma, metastasis) radiofrequency, percutaneous, including computed tomographic guidance</td>
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<tr>
<td>32998</td>
<td>Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, radiofrequency, unilateral</td>
</tr>
<tr>
<td>50542</td>
<td>Laparoscopy, surgical; ablation of renal mass lesion(s)</td>
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<tr>
<td>50592</td>
<td>Ablation, 1 or more renal tumor(s), percutaneous, unilateral, radiofrequency</td>
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</tbody>
</table>

V. **Policy History**

**Policy Number:** M.FAC.10.121120  
**Current Effective Date:** 11/20/2012  
**Original Document Effective Date:** 11/20/2012  
**Previous Revision Dates:** N/A

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