

Medical Coverage Policy



Ablation of Renal Tumors/Masses-PREAUTH

Device/Equipment Drug Medical Surgery Test Other

Effective Date:	6/1/2006	Policy Last Updated:	2/21/2012
-----------------	----------	----------------------	-----------

Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

Description:

Traditional methods of treating localized renal cell carcinoma (RCC) include radical nephrectomy or nephron-sparing surgery. Cryosurgical ablation or radiofrequency ablation of RCC is reported to be beneficial for patients who are not candidates for surgery due to comorbidities; patients who have only one kidney, or if nephrectomy would lead to dialysis dependency; patients with small tumors; and patients who are at risk for complications following kidney removal if the risk would not be present by other methods. The hypothesized advantage of ablation methods for RCC is that the procedure is less invasive than traditional surgery, thus the recovery time is substantially shorter. Tumor ablation may also permit a better chance of preserving kidney function in situations when multiple tumors are present.

Radiofrequency ablation is a percutaneously performed procedure that utilizes a small needle electrode which is placed directly into a tumor using computed tomography (CT), magnetic resonance imaging (MRI), or ultrasound guidance. High frequency radio waves heat the tumor and cause local necrosis of the tumor. The dead cells are not removed, but become scar tissue and eventually shrink.

Cryosurgical ablation (hereafter, cryosurgery) involves the use of extreme cold to destroy abnormal tissue. Liquid nitrogen or argon gas is circulated through a hollow probe that is placed in contact with the tissue to be destroyed. A mass of ice crystals forms around the tip of the probe and freezes nearby cells. After cryosurgery, the ablated tissue is absorbed by the body. Cryosurgery may be performed as an open surgical technique, or as a closed procedure under ultrasound guidance.

Medical Criteria:

Cryosurgery OR radiofrequency ablation of tumors located in the kidney is considered medically necessary when one of the following criteria is met:

- When open procedure is not safe; or
- Palliative care; or
- Unilateral kidney; or
- Bilateral tumors/masses (von Hippel Landau); or
- Nephrectomy would lead to dialysis dependency due to poor renal function.

Policy:

Cryosurgery or radiofrequency ablation of tumors located in the kidney is covered for patients who meet the medical criteria listed above; all other indications are considered not medically necessary due to lack of peer-review literature which support improved health outcomes. Prospective medical review is required for BlueCHIP for Medicare and recommended for all other BCBSRI products.

Coding:

50250

50542

50592

50593

Coverage:

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for applicable surgery benefits/coverage.

Publications:

Policy Update, October 2004

Policy Update, December 2007

Provider Update, September 2008

Provider Update, September 2009

Provider Update, May 2010

Provider Update, May 2011

Provider Update, May 2012

References:

Blue Cross Blue Shield Association Medical Policy Reference Manual, Policy. 7.01.092
Cryosurgical Ablation of Miscellaneous Solid Tumors Other Than Liver or Prostate or
Dermatologic Tumors. 10:2011

Cryoablation of Renal Tumors in Patients with Solitary Kidneys. W.B. Shingleton and P.E. Sewell, Jr.

Emerging Nephron Sparing Treatments for Kidney Tumors: A Continuum of Modalities From Energy Ablation to Laparoscopic Partial Nephrectomy. *Journal of Urology*. February 2004
Mabjeesh, Nicola; Avidor, Yoav; Matzkin, Haim.

New Approaches to the Minimally Invasive Treatment of Kidney Tumors. By: Trabulsi, Edouard J.; Kalra, Pankaj; Gomella, Leonard G.. *Cancer Journal*, Jan/Feb2005, Vol. 11 Issue 1, p57, 7p; (AN 1697228)

Imaging-Guided Percutaneous Radiofrequency Ablation of Solid Renal Masses: Techniques and Outcomes of 38 Treatment Sessions in 32 Consecutive Patients. *American Journal of Roentgenol.*, June 2003; 180: 1503-1508. Mayo-Smith, William; Dupuy, Damien E.; Parikh, Pranay M.; Pezzullo, John A.; Cronan, John J.

RF Ablation Shown Effective, Safe for Renal Tumors. www.urologytimes.com, February 2004.

National Institute for Clinical Excellence (NICE). Percutaneous radiofrequency ablation of renal cancer. Interventional Procedure Consultation Document. London, UK: NICE; January 2004.

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice.