

BLUE CROSS OF NORTHEASTERN PA "BCNEPA" MEDICAL POLICY BULLETIN	MANUAL: MEDICAL POLICY REFERENCE NO.: MPO-490-0165
EFFECTIVE DATE November 1, 2014	SUBJECT: Ablation Services

### **Blue Cross of Northeastern Pennsylvania ("BCNEPA") Medical Policy**

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical policy and claims payment policy are applied. Policies are provided for informational purposes only and are developed to assist in administering plan benefits and do not constitute medical advice. Treating providers are solely responsible for medical advice and treatment. Policies are based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and information are constantly changing and BCNEPA may review and revise its medical policies periodically. Also, due to the rapid pace of changing technology and the advent of new medical procedures, BCNEPA may not have a policy to address every procedure. In those cases, BCNEPA may review other sources of information including, but not limited to, current medical literature and other medical resources, such as Technology Evaluation Center Assessments (TEC) published by the Blue Cross Blue Shield Association. BCNEPA may also consult with health care providers possessing particular expertise in the services at issue.

#### **I. DESCRIPTION:**

Cryosurgical ablation (hereafter referred to as cryosurgery) involves freezing of target tissues, most often by inserting into the tumor a probe through which coolant is circulated. Cryosurgery may be performed as an open surgical technique or as a closed procedure under laparoscopic or ultrasound guidance.

In radiofrequency ablation (RFA), heat is generated by a high frequency alternating current that flows from the electrode into the center of the tumor and the non-insulated electrodes, which are shaped like prongs, are projected into the tumor. The heat generated melts the tissue (coagulative necrosis) that is adjacent to the probe. The probe is left in place for about 10 to 15 minutes.

RFA has been used for thermal ablation in bone, liver, kidney, heart, prostate, breast, brain lymph nodes, nerve ganglia, and soft tissue. RFA has various clinical applications including treating arrhythmias (abnormal heart rhythms), tumors, osteoid osteoma, and nerve ganglion ablation.

#### **II. BENEFIT POLICY STATEMENT:**

BCNEPA makes decisions on coverage based on Policy Bulletins, benefit plan documents, and the member's medical history and condition. Benefits may vary based on product line, group or contract, therefore, Member benefits must be verified. In the event of a conflict between the Member's benefit plan document and topics addressed in Medical Policy Bulletins (i.e., specific contract exclusions), the Member's benefit plan document always supersedes the information in the Medical Policy Bulletins. BCNEPA determines medical necessity only if the benefit exists and no contract exclusions are applicable.

Benefits are determined by the terms of the Member's specific benefit plan document [i.e., the Fully Insured policy, the Administrative Services Only (ASO) agreement applicable to the Self-Funded Plan Participant, or the Individual Policy] that is in effect at the time services are rendered.

### **III. MEDICAL POLICY STATEMENT:**

**Coverage is subject to the terms, conditions, and limitations of the member's contract.**

#### **Cryoablation of Prostate Cancer**

- A. BCNEPA will not provide coverage for subtotal prostate cryoablation in the treatment of prostate cancer as this is considered investigational.

#### **Cryosurgical Ablation for Barrett's Esophagus**

- B. BCNEPA will not provide coverage for cryoablation for Barrett's esophagus, with or without dysplasia, as this is considered investigational.

#### **Cryosurgical Ablation of Miscellaneous Solid Tumors Other Than Liver, Prostate, or Dermatologic Tumors**

- C. BCNEPA will not provide coverage for cryosurgical ablation for the following indications as they are considered investigational:
  1. As a treatment of renal cell carcinomas in patients who are surgical candidates.
  2. As a treatment of benign or malignant tumors of the breast, lung, pancreas and other solid tumors or metastases outside the liver and prostate.

#### **Cryosurgical Ablation of Primary or Metastatic Liver Tumors**

- D. BCNEPA will not provide coverage for cryosurgical ablation of either primary or metastatic tumors in the liver as this is considered investigational.

#### **Endoscopic Radiofrequency Ablation for Barrett's Esophagus**

- E. BCNEPA will provide coverage for radiofrequency ablation for Barrett's esophagus when medically necessary.
  1. Radiofrequency ablation may be considered medically necessary for treatment of Barrett's esophagus with high-grade dysplasia.
  2. Radiofrequency ablation may be considered medically necessary for treatment of Barrett's esophagus with low-grade dysplasia when the diagnosis of low-grade dysplasia is confirmed by two pathologists prior to radiofrequency ablation.
  3. Radiofrequency ablation is considered investigational for treatment of Barrett's esophagus in the absence of dysplasia.

## **Radiofrequency Ablation of Miscellaneous Solid Tumors Excluding Liver Tumors**

F. BCNEPA will provide coverage for radiofrequency ablation of solid tumors when medically necessary.

1. Radiofrequency ablation may be considered medically necessary to palliate pain in patients with osteolytic bone metastases who have failed or are poor candidates for standard treatments such as radiation or opioids.
2. Radiofrequency ablation may be considered medically necessary to treat osteoid osteomas that cannot be managed successfully with medical treatment.
3. Radiofrequency ablation may be considered medically necessary 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  $< 60 \text{ mL/min/m}^2$ ) when the standard surgical approach (i.e. resection of renal tissue) is likely to substantially worsen kidney function; or
  - b) Patient is not considered a surgical candidate.
4. Radiofrequency ablation may be considered medically necessary to treat an isolated peripheral non-small cell lung cancer lesion that is no more than 3 cm in size when the following criteria are met:
  - a) 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; AND
  - b) Tumor is located at least 1 cm from the trachea, main bronchi, esophagus, aorta, aortic arch branches, pulmonary artery and the heart.
5. Radiofrequency ablation may be considered medically necessary to treat malignant non-pulmonary tumor(s) metastatic to the lung that are no more than 3 cm in size when the following criteria are met:
  - a) 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; AND
  - b) 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.

c) The following are additional criteria that have been developed by clinical judgment/consensus and existing guidelines for the use of RFA in metastatic tumors to the lung and include:

- No more than 3 tumors per lung should be ablated;
- Tumors should be amenable to complete ablation; AND
- Twelve months should elapse before a repeat ablation is considered.

G. BCNEPA will not provide coverage for radiofrequency ablation of the following as they are considered investigational and, therefore, not covered because the safety and effectiveness of these services cannot be established by review of the available published peer-reviewed literature:

1. breast tumors;
2. lung cancer not meeting criteria above;
3. renal cell cancer not meeting criteria above;
4. osteoid osteomas that can be managed with medical treatment;
5. painful bony metastases as initial treatment; and
6. all other tumors outside the liver including, but not limited to, the head and neck, thyroid, adrenal gland, ovary, and pelvic/abdominal metastases of unspecified origin.
7. all other indications not identified above as medically necessary.

**Radiofrequency Ablation of the Renal Sympathetic Nerves as a Treatment for Resistant Hypertension**

H. BCNEPA will not provide coverage for radiofrequency ablation of the renal sympathetic nerves for the treatment of resistant hypertension as this is considered investigational.

**Radiofrequency Denervation of the Sacroiliac Joint**

I. BCNEPA will not provide coverage for radiofrequency denervation of the sacroiliac joint as this is considered investigational.

**Microwave Tumor Ablation**

J. BCNEPA will not provide coverage for microwave ablation of primary and metastatic tumors as this is considered investigational.

### **MRI-Guided Focused Ultrasound (MRgFUS)**

K. BCNEPA will not provide coverage for MRI-guided high-intensity ultrasound ablation as this is considered investigational. This includes, but is not limited to, its use in the following situations:

1. Treatment of uterine fibroids.
2. Pain palliation for patients with metastatic bone cancer.
3. Treatment of other tumors e.g., brain cancer, prostate cancer and breast cancer.

### **IV. DEFINITIONS:**

**Bone Metastases:** Cancer cells from a primary tumor relocate to the bone.

**Cryosurgical Ablation:** The selective exposure of tissues to extreme cold, often by applying a probe containing liquid nitrogen, to bring about the destruction or elimination of abnormal cells.

**Osteoid Osteoma:** A benign tumor of bone tissue. It emerges most often in the teens or 20s, and is found most frequently in the femur and in males. Symptoms include pain, mostly at night. Diagnosis is by X-ray. Most cases do not require invasive treatment, just the use of aspirin or non-aspirin analgesics for pain.

**Radiofrequency Ablation (RFA):** The use of electrodes to generate heat and destroy abnormal tissue.

**Renal Cell Carcinoma:** Cancer that develops in the lining of the renal tubules, which filter the blood and produce urine.

**Ventricular Tachycardia Storm:** Also known as incessant ventricular tachycardia, this is a life-threatening situation which requires prompt attention and treatment; and is defined as at least three episodes of sustained ventricular tachycardia (VT) in a 24-hour period.

**CODING:**

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- **The identification of a code in this section does not denote coverage or separate reimbursement.**
- Covered procedure codes are dependent upon meeting criteria of the policy and appropriate diagnosis code.
- The following list of codes may not be all-inclusive, and are subject to change at any time.
- Benefits are determined by the terms of the Member's specific benefit plan document [i.e., the Fully Insured policy, the Administrative Services Only (ASO) agreement applicable to the Self-Funded Plan Participant, or the Individual Policy] that is in effect at the time services are rendered.

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#### PROCEDURE CODES

19105	32998	50250	50593	0338T	C9734
20982	47371	50542	0071T	0339T	
27299	47381	50592	0072T	0340T	

## SOURCES:

Blue Cross Blue Shield Association (BCBSA) Medical Policy Reference Manual. "Radiofrequency Ablation of Miscellaneous Solid Tumors Excluding Liver Tumors" (7.01.95), Section: Surgery, Issue: 10: 2013: 1-33. "Cryosurgical Ablation of Miscellaneous Solid Tumors Other Than Liver, Prostate, or Dermatologic Tumors" (7.01.92), Section: Surgery, Issue: 7: 2014: 1-19. "Endoscopic Radiofrequency Ablation or Cryoablation for Barrett's Esophagus" (2.01.80), Section: Medicine, Issue: 4: 2014: 1-18. "Cryosurgical Ablation of Primary or Metastatic Liver Tumors" (7.01.75), Section: Surgery, Issue: 12: 2013: 1-14. "Cryoablation of Prostate Cancer" (7.01.79), Section: Surgery, Issue: 5: 2014: 1-14. "Microwave Tumor Ablation" (7.01.133), Section: Surgery, Issue: 10: 2013: 1-18. "MRI-Guided Focused Ultrasound (MRgFUS)" (7.01.109), Section: Surgery, Issue: 2: 2014: 1-12. "Radiofrequency Ablation of the Renal Sympathetic Nerves as a Treatment for Resistant Hypertension" (7.01.136), Section: Surgery, Issue: 9: 2013: 1-11. "Diagnosis and Treatment of Sacroiliac Joint Pain" (6.01.23), Section: Radiology, Issue: 5: 2014: 1-16. "Radiofrequency Ablation of Primary or Metastatic Liver Tumors" (7.01.91), Section: Surgery, Issue: 7: 2014: 1-26.

Highmark Medical Policy. "Radiofrequency Ablation of the Esophagus" S-204, Effective Date: June 20, 2011. 1-4.

## APPROVALS:

Approved by Vice President, Clinical Operations & Chief Medical Officer:



Signature: \_\_\_\_\_  
(Nina M. Taggart, MA, MD, MBA)

Date of Approval: 10/21/2014

## HISTORY:

Medical Policy MPO-490-0165 Radiofrequency Ablation of Miscellaneous Solid Tumors Excluding Liver Tumors effective July 1, 2009

Medical Policy MPO-490-0165 and MPO-490-0166 were combined and renamed Radiofrequency Ablation (RFA) and Cryosurgical Ablation effective April 1, 2010

Medical Policy MPO-490-0165 was renamed from "Cryosurgical Ablation and Radiofrequency Ablation (RFA)" to "Ablation Services" effective April 1, 2012

Revision Dates: 06/01/10, 08/01/10, 10/01/10, 11/01/10, 01/01/11, 02/01/11, 06/01/11, 08/01/11, 10/01/11, 01/01/12, 04/01/12, 05/01/12, 06/01/12, 08/01/12, 10/01/12, 11/01/12, 12/01/12, 01/01/13, 02/01/13, 03/01/13, 06/01/13, 07/01/13, 08/01/13, 10/01/13, 12/01/13, 01/01/14, 04/01/14, 05/01/14, 07/01/14, 08/01/14, 09/01/14, 11/01/14

Policy developed by: Medical Policy Department