

Radiofrequency Ablation of Miscellaneous Solid Tumors Excluding Liver Tumors

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Products:	Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1 of 4

Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

POLICY STATEMENT

Highmark Health Options may provide coverage under medical surgical benefits of the Company's Medicaid products for medically necessary radiofrequency ablation of miscellaneous solid tumors, excluding liver tumors.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

DEFINITIONS

Highmark Health Options (HHO) – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently services Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan Plus members.

Radiofrequency ablation (RFA) – Heat is projected into a tumor by a high-frequency, alternating current that flows from electrodes. The cells killed by RFA are gradually replaced by fibrosis and scar tissue. RFA can be performed percutaneously, laparoscopically, or as an open procedure.

PROCEDURES

A prior authorization is required.

Osteolytic Bone Pain

RFA may be considered medically necessary to palliate pain in individuals with osteolytic bone metastases who have failed or are poor candidates for standard treatments such as radiation or opioids.

RFA as initial treatment for painful bony metastases is considered experimental/investigational, and therefore, noncovered. The evidence is insufficient to determine the impact of technology on health outcomes.

Osteoid Osteomas

RFA may be considered medically necessary to treat osteoid osteomas that cannot be managed successfully with medical treatment.

RFA for osteoid osteomas that can be managed with medical treatment is considered experimental/investigational, and therefore, noncovered. The evidence is insufficient to determine the impact of technology on health outcomes.

Isolated Peripheral Non-Small Cell Lung Cancer

RFA may be considered medically necessary to treat an isolated peripheral non-small-cell lung cancer lesion that is no more than three (3) cm in size when ALL the following criteria are met:

- Surgical resection or radiation treatment with curative intent is considered appropriate based on stage of disease, however, medical comorbidity renders the individual unfit for those interventions; and
- Tumor is located at least one (1) cm from the trachea, main bronchi, esophagus, aorta, aortic arch branches, pulmonary artery, and the heart.

RFA for any other isolated peripheral nonsmall cell lung cancer is considered experimental/investigational, and is therefore, noncovered due to the evidence is insufficient to determine the impact of the technology on health outcomes.

Malignant NonPulmonary Tumor(s) Metastatic to the Lung

RFA may be considered medically necessary to treat malignant nonpulmonary tumor(s) metastatic to the lung that are no more than three (3) cm in size when the following criteria are met:

- To preserve lung function when surgical resection or radiation treatment is likely to worsen pulmonary status, or the individual is not considered a surgical candidate; and
- 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; and
- No more than three (3) tumors per lung should be ablated; and
- Tumors should be amenable to complete ablation; and
- Twelve (12) months should elapse before a repeat ablation is considered.

RFA for any other malignant non-pulmonary tumors metastatic to the lung is considered experimental/investigational, and is therefore, noncovered due to the evidence is insufficient to determine the impact of the technology on health outcomes.

RFA as a technique for ablation for ANY of the following is considered experimental/investigational, and therefore, noncovered because the safety and/or effectiveness of this service cannot be established by the available published peer-reviewed literature.

- Breast tumors; or
- Lung cancer not meeting the criteria above; or
- Osteoid osteomas that can be managed with medical treatment; or
- Painful bony metastases as initial treatment; or
- All other tumors outside the liver including, but not limited to:
 - The head and neck; or
 - Thyroid; or
 - Ovary; or

Pelvic/abdominal metastases of unspecified origin.

Post-payment Audit Statement

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Health Options at any time pursuant to the terms of your provider agreement.

Place of Service: Inpatient/Outpatient

Experimental/investigational (E/I) services are not covered regardless of place of service.

Radiofrequency Ablation of Miscellaneous Solid Tumors Excluding Liver Tumors is typically an outpatient procedure which is only eligible for coverage as an inpatient procedure in exceptional circumstances, including, but not limited to, the presence of a comorbid condition that would require monitoring in a more controlled environment such as the inpatient setting

CODING REQUIREMENTS

CPT code	Description
20982	Ablation therapy for reduction or eradication of one 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 one or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, radiofrequency, unilateral.

Covered Diagnosis Codes for 20982 and 32998

C34.00	C34.01	C34.02	C34.10	C34.11	C34.12	C34.2
C34.30	C34.31	C34.32	C34.80	C34.81	C34.82	C34.90
C34.91	C34.92	C40.00	C40.01	C40.02	C40.10	C40.11
C40.12	C40.20	C40.21	C40.22	C40.30	C40.31	C40.32
C79.00	C79.01	C79.02	C79.51	C79.52	D16.00	D16.01
D16.02	D16.10	D16.11	D16.12	D16.20	D16.21	D16.22
D16.30	D16.31	D16.32	D16.4	D16.5	D16.6	D16.7
D16.8	D16.9					

REIMBURSEMENT

Participating facilities will be reimbursed per their Highmark Health Options contract.

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POLICY UPDATE HISTORY

<Date>	<Event>
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