



## Cryoablation and Radiofrequency Ablation for Renal Cell Cancer

<b>LOB(s):</b> <input checked="" type="checkbox"/> Commercial  <input checked="" type="checkbox"/> Medicare  <input checked="" type="checkbox"/> Medicaid	<b>State(s):</b> <input checked="" type="checkbox"/> Idaho <input checked="" type="checkbox"/> Montana <input checked="" type="checkbox"/> Oregon <input checked="" type="checkbox"/> Washington <input type="checkbox"/> Other:  <input checked="" type="checkbox"/> Oregon <input type="checkbox"/> Washington
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### Enterprise Policy

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determinations are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

### Background

Renal cell cancer therapy options may include cryoablation (cryotherapy, cryosurgery) or radiofrequency ablation (RFA). To eliminate cancer cells, cryoablation uses subfreezing temperatures and RFA uses heat from high energy radio waves. Both techniques use imaging guidance, such as a CT scan, and needle-like probes to reach the cancer cells.

### Criteria

#### Commercial

##### Prior authorization is required

PacificSource considers cryoablation and radiofrequency ablation of renal cell cancer to be medically necessary when one or more of the following criteria are met:

- Member is not a candidate for partial nephrectomy or radical nephrectomy
- Member has a single kidney
- Member has renal insufficiency as defined by a glomerular filtration rate (GFR) of less than or equal to 60 mL/min/m<sup>2</sup>
- Renal cell carcinoma tumor(s) are less than or equal to 4 cm in diameter

## Medicaid

PacificSource Community Solutions follows Oregon Health Plan (OHP) per Oregon Administrative Rules (OAR) 410-120-1200 and 410-141-3820 to 3830 for coverage of Cryoablation and Radiofrequency ablation for Renal Cell Cancer.

PacificSource Community Solutions follows Guideline Note 225 of the OHP Prioritized List of Health Services for coverage of 50592 Ablation, 1 or more renal tumor(s), percutaneous, unilateral, radiofrequency and 50593 Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy.

## Medicare

PacificSource Medicare follows CMS guidelines and criteria. In the absence of CMS guidelines and criteria, PacificSource Medicare will follow internal policy for determination of coverage and medical necessity.

## Coding Information

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The following list of codes are for informational purposes only and may not be all-inclusive.

Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

50250 Ablation, open, 1 or more renal mass lesion(s), cryosurgical, including intraoperative ultrasound guidance and monitoring, if performed

50542 Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed [when specified as cryosurgical ablation

50592 Ablation, 1 or more renal tumor(s), percutaneous, unilateral, radiofrequency

50593 Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy

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HCPCS® codes, descriptions and materials are copyrighted by Centers for Medicare and Medicaid Services (CMS).

## Definitions

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**Ablation** - The destruction of a body part or tissue or its function. Ablation may be achieved by surgery, hormones, drugs, radiofrequency, heat, or other methods.

**Cryosurgical ablation** (cryotherapy or cryoablation) - A surgical procedure where cancerous or diseased cells are destroyed using extreme cold.

**Metastasis** - The spread of cancer from one part of the body to another. A metastatic tumor contains cells that are like those in the original (primary) tumor and have spread.

**Radiofrequency ablation** (RFA) - A surgical procedure where cancerous or diseased cells are destroyed using heat produced by high-frequency radio waves.

**Tumor**: An abnormal mass of tissue that results from excessive cell division that is uncontrolled and progressive, also called a neoplasm.

**Unresectable** - Refers to a tumor that cannot safely be removed surgically due to size or location.

## References

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## Appendix

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**Policy Number:**

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**Next review:** 12/1/2024

**Policy Type:** Enterprise

**Author(s):**

**Depts:** Health Services

**Applicable regulation(s):**

**Commercial OPs:** 11/2023

**Government OPs:** 12/2023