# ConnectiCare.

POLICY NUMBER	EFFECTIVE DATE	APPROVED BY
MG.MM.SU.52	5/9/2025	MPC (Medical Policy Committee)

#### IMPORTANT NOTE ABOUT THIS MEDICAL POLICY:

Property of ConnectiCare, Inc. All rights reserved. The treating physician or primary care provider must submit to ConnectiCare, Inc. the clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, ConnectiCare will not be able to properly review the request for prior authorization. This clinical policy is not intended to pre-empt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. The clinical review criteria expressed below reflects how ConnectiCare determines whether certain services or supplies are medically necessary. ConnectiCare established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). ConnectiCare, Inc. expressly reserves the right to revise these conclusions as clinical information changes, and welcomes further relevant information. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test or procedure over another. Each benefit plan defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by ConnectiCare, as some plans exclude coverage for services or supplies that ConnectiCare considers medically necessary. If there is a discrepancy between this guideline and a member's benefits plan, the benefits plan will govern. In addition, coverage may be mandated by applicable legal requirements of the State of CT and/or the Federal Government. Coverage may also differ for our Medicare members based on any applicable Centers for Medicare & Medicaid Services (CMS) coverage statements including including National Coverage Determinations (NCD), Local Coverage Determinations (LCD) and/or Local Medical Review Policies (LMRP). All coding and web site links are accurate at time of publication.

#### Definition

Radiofrequency ablation is a technique of heating cells using a small needle electrode placed directly into a tumor. High frequency radio waves heat the tumor and cause local necrosis. The dead cells become scar tissue and eventually shrink.

#### Guideline

Members are eligible for RFA for the following indications:

- Bone pain secondary to cancer as an interventional or palliative pain management strategy
- Distant metastatic lesions of medullary thyroid carcinoma
- Gastro-intestinal stromal tumors with limited progression in a single metastatic site
- Non-small cell lung cancer (NSCLC) medically inoperable/member unable to tolerate surgery:
  - Treatment of stage 1A peripheral tumors (defined as  $\leq$  3 cm)
  - Symptomatic airway obstruction as a means to improve quality of life
- Osteoid osteoma as less invasive alternative to surgical resection
- Renal tumors small (≤ 4 cm in diameter) suspected to be malignant or with malignant potential
- Symptomatic soft tissue sarcoma disseminated metastases
- Liver tumors medically inoperable/member unable to tolerate surgery\*

# ConnectiCare.

- Primary malignancy hepatocellular carcinoma (HCC)
- Metastatic; site of origin/type:
  - colorectal carcinoma
    - neuroendocrine
    - ocular melanoma
- Unresectable intra-hepatic cholangiocarcinoma

\*Utilization: Radiofrequency ablation may be considered medically necessary when as a sole curative treatment for lesions  $\leq$  3 cm or as to prolong survival when combined with arterial therapy (e.g., chemoembolization, radioembolization with yttrium -90 microspheres) for lesions 3–5 cm.

• Uterine sarcoma — resectable isolated metastases as alternative to surgical resection

### Limitations/Exclusions

Ablation requests for indications other than those listed above are case-by-case reviewed upon receipt of clinical documentation substantiating medical necessity.

Radiofrequency ablation is not considered medically necessary for benign/malignant tumors per below, as there is insufficient evidence of therapeutic value (list not meant to be all-inclusive):

- Benign thyroid nodules
- Breast tumors
- Brunner's gland hyperplasia
- Chondroblastoma
- Gallbladder cancer
- Gastro-intestinal stromal tumors; multiple metastatic sites
- Hepatic metastases from non-colonic primary cancers or those > 5 cm
- Malignant bile duct obstruction
- Pancreatic cancer
- Non-metastatic desmoid tumors

#### **Procedure Codes**

20982	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, 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 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; radiofrequency
47370	Laparoscopy, surgical, ablation of one or more liver tumor(s); radiofrequency
47380	Ablation, open, of one or more liver tumor(s); radiofrequency
47382	Ablation, one or more liver tumor(s), percutaneous, radiofrequency
50542	Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed [when specified as radiofrequency ablation]
50592	Ablation, 1 or more renal tumor(s), percutaneous, unilateral, radiofrequency

## ConnectiCare.

53852	Transurethral destruction of prostate tissue; by radiofrequency thermotherapy
53854	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy
77013	Computerized tomography guidance for; and monitoring of, parenchymal tissue ablation
77022	Magnetic resonance guidance for, and monitoring of, parenchymal tissue ablation
76940	Ultrasound guidance for, monitoring of tissue ablation

#### **Diagnosis Codes**

C22.0	Liver cell carcinoma	
C22.2	Hepatoblastoma	
C22.3	Angiosarcoma of liver	
C22.7	Other specified carcinomas of liver	
C22.8	Malignant neoplasm of liver, primary, unspecified as to type	
C22.9	Malignant neoplasm of liver, not specified as primary or secondary	
C33	Malignant neoplasm of trachea	
C34.00	Malignant neoplasm of unspecified main bronchus	
C34.01	Malignant neoplasm of right main bronchus	
C34.02	Malignant neoplasm of left main bronchus	
C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung	
C34.11	Malignant neoplasm of upper lobe, right bronchus or lung	
C34.12	Malignant neoplasm of upper lobe, left bronchus or lung	
C34.2	Malignant neoplasm of middle lobe, bronchus or lung	
C34.30	Malignant neoplasm of lower lobe, unspecified bronchus or lung	
C34.31	Malignant neoplasm of lower lobe, right bronchus or lung	
C34.32	Malignant neoplasm of lower lobe, left bronchus or lung	
C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus and lung	
C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung	
C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung	
C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung	
C34.91	Malignant neoplasm of unspecified part of right bronchus or lung	
C34.92	Malignant neoplasm of unspecified part of left bronchus or lung	
C49.10	Malignant neoplasm of connective and soft tissue of unspecified upper limb, including shoulder	
C49.11	Malignant neoplasm of connective and soft tissue of right upper limb, including shoulder	
C49.12	Malignant neoplasm of connective and soft tissue of left upper limb, including shoulder	
C49.20	Malignant neoplasm of connective and soft tissue of unspecified lower limb, including hip	

## ConnectiCare.

C49.21	Malignant neoplasm of connective and soft tissue of right lower limb, including hip	
C49.22	Malignant neoplasm of connective and soft tissue of left lower limb, including hip	
C49.6	Malignant neoplasm of connective and soft tissue of trunk, unspecified	
C49.8	Malignant neoplasm of overlapping sites of connective and soft tissue	
C49.9	Malignant neoplasm of connective and soft tissue, unspecified	
C49.A0	Gastrointestinal stromal tumor, unspecified site	
C49.A1	Gastrointestinal stromal tumor of esophagus	
C49.A2	Gastrointestinal stromal tumor of stomach	
C49.A3	Gastrointestinal stromal tumor of small intestine	
C49.A4	Gastrointestinal stromal tumor of large intestine	
C49.A5	Gastrointestinal stromal tumor of rectum	
C49.A9	Gastrointestinal stromal tumor of other sites	
C64.1	Malignant neoplasm of right kidney, except renal pelvis	
C64.2	Malignant neoplasm of left kidney, except renal pelvis	
C64.9	Malignant neoplasm of unspecified kidney, except renal pelvis	
C78.00	Secondary malignant neoplasm of unspecified lung	
C78.01	Secondary malignant neoplasm of right lung	
C78.02	Secondary malignant neoplasm of left lung	
C78.2	Secondary malignant neoplasm of pleura	
C78.5	Secondary malignant neoplasm of large intestine and rectum	
C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct	
C79.51	Secondary malignant neoplasm of bone	
C79.52	Secondary malignant neoplasm of bone marrow	
C79.89	Secondary malignant neoplasm of other specified sites	
C79.9	Secondary malignant neoplasm of unspecified site	
C7B.00	Secondary carcinoid tumors, unspecified site	
C7B.00	Secondary carcinoid tumors, unspecified site	
C7B.01	Secondary carcinoid tumors of distant lymph nodes	
C7B.02	Secondary carcinoid tumors of liver	
C7B.03	Secondary carcinoid tumors of bone	
C7B.04	Secondary carcinoid tumors of peritoneum	
C7B.09	Secondary carcinoid tumors of other sites	
C7B.1	Secondary Merkel cell carcinoma	
C7B.8	Other secondary neuroendocrine tumors	
D37.6	Neoplasm of uncertain behavior of liver, gallbladder and bile ducts	
D41.00	Neoplasm of uncertain behavior of unspecified kidney	
D41.01	Neoplasm of uncertain behavior of right kidney	

## ConnectiCare.

D41.02	Neoplasm of uncertain behavior of left kidney	
D48.1	Neoplasm of uncertain behavior of connective and other soft tissue	
D49.0	Neoplasm of unspecified behavior of digestive system	
D49.51	Neoplasm of unspecified behavior of kidney	
D49.511	Neoplasm of unspecified behavior of right kidney	
D49.512	Neoplasm of unspecified behavior of left kidney	
D49.519	Neoplasm of unspecified behavior of unspecified kidney	
D49.59	Neoplasm of unspecified behavior of other genitourinary organ	
G89.3	Neoplasm related pain (acute) (chronic)	

#### References

American Association for the Study of Liver Diseases (AASLD) Website. AASLD Practice Guideline. Management of hepatocellular carcinoma: an update. 2018. <u>https://www.aasld.org/practice-guidelines/management-hepatocellular-carcinoma</u>. Accessed May 16, 2025.

American Association of Clinical Endocrinologists (AACE) Website. American Association of Clinical Endocrinologists, Associazione Medici Endocrinologi and European Thyroid Association medical guidelines for clinical practice for the diagnosis and management of thyroid nodules. Vol 16 (Suppl 1) May/June 2010, updated 2016. <u>https://pro.aace.com/disease-state-resources/thyroid/clinical-practice-guidelines/aaceaceame-medical-guidelines-clinical</u>. Accessed May 16, 2025.

American College of Chest Physicians (ACCP). Executive Summary. Diagnosis and management of lung cancer, 3rd ed: American College of Chest Physicians evidence-based clinical practice guidelines. May 2013. https://journal.chestnet.org/article/S0012-3692(13)60290-1/fulltext. Accessed May 16, 2025.

American College of Gastroenterology (ACG) Website. ACG clinical guideline: diagnosis and management of focal liver lesions. September 2014.

https://journals.lww.com/ajg/Fulltext/2014/09000/ACG Clinical Guideline The Diagnosis and.7.aspx. Accessed May 16, 2025.

American College of Radiology (ACR) Website. ACR Appropriateness Criteria. Early stage non-small cell lung cancer. 2013. <u>https://acsearch.acr.org/docs/3082798/Narrative/</u>. Accessed May 16, 2025.

American College of Radiology (ACR) Website. ACR Appropriateness Criteria. Radiologic management of hepatic malignancy. 2015. Revised 2022. <u>https://acsearch.acr.org/docs/69379/Narrative/</u>. Accessed May 16, 2025.

American Society of Breast Surgeons (ASBS) Website. Consensus Guideline on the Use of Transcutaneous and Percutaneous Ablation for the Treatment of Benign and Malignant Tumors of the Breast. 2018. <u>https://www.breastsurgeons.org/docs/statements/Consensus-Guideline-on-the-Use-of-Transcutaneous-and-Percutaneous-Methods-for-the-Treatment-of-Benign-and-Malignant-Tumors-of-the-Breast.pdf</u>. Accessed May 16, 2025.

American Thyroid Association (ATA) Website. American Thyroid Association guidelines for management of patients with anaplastic thyroid cancer. 2021.

http://www.thyca.org/download/document/185/ATCGuidelines2012.pdf. Accessed May 16, 2025.

American Urological Association (AUA) Website. Renal Mass and Localized Renal Cancer. 2017. <u>https://www.auanet.org/guidelines-and-quality/guidelines/oncology-guidelines</u>. Accessed May 16, 2025.

## ConnectiCare.

National Comprehensive Cancer Network (NCCN) Website. NCCN clinical practice guidelines in oncology (NCCN guidelines): adult cancer pain. V1.2025. http://www.nccn.org/professionals/physician\_gls/pdf/pain.pdf. Accessed May 16, 2025.

National Comprehensive Cancer Network (NCCN) Website. NCCN clinical practice guidelines in oncology (NCCN guidelines): colon cancer. V3.2025. <u>http://www.nccn.org/professionals/physician\_gls/pdf/colon.pdf</u>. Accessed May 16, 2025.

National Comprehensive Cancer Network (NCCN) Website. NCCN clinical practice guidelines in oncology (NCCN guidelines): esophageal and esophagogastric junction cancers. V3.2025. <u>http://www.nccn.org/professionals/physician\_gls/pdf/esophageal.pdf</u>. Accessed May 16, 2025.

National Comprehensive Cancer Network (NCCN) Website. NCCN clinical practice guidelines in oncology (NCCN guidelines): Hepatocellular Carcinoma. V1.2025.

https://www.nccn.org/professionals/physician\_gls/pdf/hcc.pdf. Accessed May 16, 2025.

National Comprehensive Cancer Network (NCCN) Website. NCCN clinical practice guidelines in oncology (NCCN guidelines): Biliary Tract Cancers. V1.2025.

https://www.nccn.org/professionals/physician\_gls/pdf/btc.pdf. Accessed May 16, 2025.

National Comprehensive Cancer Network (NCCN) Website. NCCN clinical practice guidelines in oncology (NCCN guidelines): kidney cancer. V3. 2025.

http://www.nccn.org/professionals/physician\_gls/pdf/kidney.pdf. Accessed May 16, 2025.

National Comprehensive Cancer Network (NCCN) Website. NCCN clinical practice guidelines in oncology (NCCN guidelines): neuroendocrine and adrenal tumors. V1.2025. https://www.nccn.org/professionals/physician\_gls/pdf/neuroendocrine.pdf. Accessed May 16, 2025.

National Comprehensive Cancer Network (NCCN) Website. NCCN clinical practice guidelines in oncology (NCCN guidelines): non-small cell lung cancer. V5.2024.

https://www.nccn.org/professionals/physician\_gls/pdf/nscl.pdf. Accessed May 16, 2025.

National Comprehensive Cancer Network (NCCN) Website. NCCN clinical practice guidelines in oncology (NCCN guidelines): occult primary. V2.2025.

http://www.nccn.org/professionals/physician\_gls/pdf/occult.pdf. Accessed May 16, 2025.

National Comprehensive Cancer Network (NCCN) Website. NCCN clinical practice guidelines in oncology (NCCN guidelines): soft tissue sarcoma. V1.2025.

http://www.nccn.org/professionals/physician\_gls/pdf/sarcoma.pdf. Accessed May 16, 2025.

National Comprehensive Cancer Network (NCCN) Website. NCCN clinical practice guidelines in oncology (NCCN guidelines): thyroid carcinoma. V2.2024.

http://www.nccn.org/professionals/physician\_gls/pdf/thyroid.pdf. Accessed May 16, 2025.

National Comprehensive Cancer Network (NCCN) Website. NCCN clinical practice guidelines in oncology (NCCN guidelines): uterine neoplasms. V2.2025. http://www.nccn.org/professionals/physician\_gls/pdf/uterine.pdf. Accessed May 16, 2025.

Society of Interventional Radiology (SIR) Website. Standards of Practice. Research reporting standards for

percutaneous thermal ablation of lung neoplasms. July 2009. <u>http://www.jvir.org/article/S1051-0443%2809%2900018-9/pdf</u>. Accessed May 16, 2025.

Specialty matched clinical peer review.

## ConnectiCare.

### **Revision History**

DATE	REVISION
5/9/2025	Added non-metastatic desmoid tumors to investigational list
5/10/2019	Added unresectable intra-hepatic cholangiocarcinoma to list of liver tumors