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Medicare Advantage Policy Manual **Policy ID:** M-SUR92

Radiofrequency Ablation (RFA) of Tumors Other Than the Liver

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IMPORTANT REMINDER

The Medicare Advantage Medical Policy manual is not intended to override the member Evidence of Coverage (EOC), which defines the insured's benefits, nor is it intended to dictate how providers are to practice medicine. Physicians and other health care providers are expected to exercise their medical judgment in providing the most appropriate care for the individual member.

The Medicare Advantage Medical Policies are designed to provide guidance regarding the decision-making process for the coverage or non-coverage of services or procedures in accordance with the member EOC and the Centers of Medicare and Medicaid Services (CMS) policies, when available. In the event of a conflict, applicable CMS policy or EOC language will take precedence over the Medicare Advantage Medical Policy. In the absence of CMS guidance for a requested service or procedure, the health plan may apply their Medical Policy Manual or MCG™ criteria, both of which are developed with an objective, evidence-based process using scientific evidence, current generally accepted standards of medical practice, and authoritative clinical practice guidelines.

Medicare and EOCs exclude from coverage, among other things, services or procedures considered to be investigational, cosmetic, or not medically necessary, and in some cases, providers may bill members for these non-covered services or procedures. Providers are encouraged to inform members in advance when they may be financially responsible for the cost of non-covered or excluded services.

DESCRIPTION

Radiofrequency ablation (RFA) is one form of thermal ablation therapy, used to treat various benign or malignant tumors. RFA kills cells (cancerous and normal) by applying a heat-generating rapidly alternating radiofrequency current through probes inserted into the tumor. The destroyed cells are not removed, but rather, are replaced by fibrosis and scar tissue over time.

MEDICARE ADVANTAGE POLICY CRITERIA

Note: This policy does not address RFA of *liver* tumors, which may be considered medically necessary for Medicare Advantage.

CMS Coverage Manuals*	None

National Coverage Determinations (NCDs)*	None
Noridian Healthcare Solutions (Noridian) Local Coverage Determinations (LCDs) and Articles (LCAs)*	None
Medical Policy Manual	*Medicare coverage guidance is not available by the local Medicare contractor for radiofrequency ablation (RFA) for most indications. Therefore, the health plan's medical policy is applicable.* **Note:** Transcervical radiofrequency (RF) ablation of uterine fibroid(s) (Category III code 0404T) may be considered medically necessary for Medicare Advantage. For all other non-liver tumor RFA, see the medical policy link below. Radiofrequency Ablation (RFA) of Tumors Other Than the Liver, Surgery, Policy No. 92 *(see "NOTE" below)*

NOTE: If a procedure or device lacks scientific evidence regarding safety and efficacy because it is investigational or experimental, the service is noncovered as not reasonable and necessary to treat illness or injury. (*Medicare IOM Pub. No. 100-04, Ch. 23, §30 A*). According to Title XVIII of the Social Security Act, §1862(a)(1)(A), only medically reasonable and necessary services are covered by Medicare. In the absence of a NCD, LCD, or other coverage guideline, CMS guidelines allow a Medicare Advantage Organization (MAO) to make coverage determinations, applying an ***objective, evidence-based process, based on authoritative evidence***. (*Medicare IOM Pub. No. 100-16, Ch. 4, §90.5*). The Medicare Advantage Medical Policy - Medicine Policy No. M-149 - provides further details regarding the plan's evidence-assessment process (see Cross References).

POLICY GUIDELINES

REQUIRED DOCUMENTATION

The information below **must** be submitted for review to determine whether policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome:

- Location or site of tumor (e.g., breast, bone, renal, pulmonary, adrenal, etc.).

REGULATORY STATUS

The U.S. Food and Drug Administration (FDA) has cleared several RF ablation devices for the general indication of soft tissue cutting, coagulation, and ablation by thermal coagulation necrosis. Some RF ablation devices have been cleared for additional specific treatment indications, including partial or complete ablation of nonresectable liver lesions and palliation of pain associated with metastatic lesions involving bone.

Note, the fact a service or procedure has been issued a CPT/HCPCS code or is FDA approved for a specific indication does not, in itself, make the procedure medically reasonable and necessary. The FDA determines safety and effectiveness of a device or drug, but does not establish medical necessity. While Medicare may adopt FDA determinations regarding safety and effectiveness, CMS or Medicare contractors evaluate whether or not the drug or device is reasonable and necessary for the Medicare population under §1862(a)(1)(A).

CROSS REFERENCES

Radioembolization, Transarterial Embolization (TAE), and Transarterial Chemoembolization (TACE), Medicine, Policy No. M-140

Investigational (Experimental) Services, New and Emerging Medical Technologies and Procedures, and Other Non-Covered Services, Medicine, Policy No. M-149

REFERENCES

None

CODING

Codes	Number	Description
CPT	20982	Ablation therapy for reduction or eradication of 1 or more bone tumor(s) (e.g., metastasis) including adjacent soft tissue when involved by tumor excision, percutaneous, including imaging guidance when performed; radiofrequency
	31641	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with destruction of tumor or relief of stenosis by any method other than excision (eg, laser therapy, cryotherapy)
	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, including imaging guidance when performed, unilateral; radiofrequency
	50542	Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed
	50592	Ablation, one or more renal tumor(s), percutaneous, unilateral, radiofrequency
	58580	Transcervical ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency
	60699	Unlisted procedure, endocrine system
	~~0404T~~	~~Transcervical uterine fibroid(s) ablation with ultrasound guidance, radiofrequency~~ (Deleted 01/01/2024)
HCPCS	None	

***IMPORTANT NOTE:** Medicare Advantage medical policies use the most current Medicare references available at the time the policy was developed. Links to Medicare references will take viewers to external websites outside of the health plan's web control as these sites are not maintained by the health plan.*