Percutaneous Radiofrequency Ablation Lung Tumors/Masses

Description:

Radiofrequency ablation (RFA) is a percutaneously performed procedure that utilizes a small needle electrode which is placed directly into a tumor using computed tomography (CT), magnetic resonance imaging (MRI), or ultrasound guidance. High frequency radiowaves heat the tumor and cause local necrosis of the tumor. The dead cells are not removed, but become scar tissue and eventually shrink. Radiofrequency ablation can be administered by open surgery, laparoscopic surgery, or percutaneously.

RFA may be used to treat inoperable tumors or to treat patients who are ineligible for surgery due to advanced age or comorbidities. RFA was developed initially to treat inoperable tumors of the liver. RFA is now being used as a minimally invasive treatment alternative for other solid tumors such as breast, pancreas, pulmonary, renal, and bone.

The World Health Organization (WHO) defines palliative care as "an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual."1

Medical Criteria:

Radiofrequency ablation of tumors located in the lung is considered medically necessary for local control of metastases when all of the following are met:

1. Five (5) or fewer tumors, AND
2. No tumor larger than 4 cm, AND
3. No known effective chemotherapy, patient failed chemotherapy, or is unable to tolerate chemotherapy, AND
4. Not a surgical candidate as deemed by a thoracic surgeon or pulmonologist.

Radiofrequency ablation of tumors located in the lung is considered medically necessary for local control of primary lung cancer when all of the following are met:

1. Stage IA, IB, or select IIB (T3, N0, M0), AND
2. Not a surgical candidate as deemed by a thoracic surgeon or pulmonologist, AND
3. Is deemed a poor radiation candidate.

Radiofrequency ablation of tumors located in the lung is considered medically necessary for palliative care when all of the following are met:

1. The member must have failed radiation and/or chemotherapy, AND
2. Not a surgical candidate as deemed by a thoracic surgeon or radiation oncologist.

Prior authorization is required for BlueCHIP for Medicare and BlueCHIP for RIte Care members and recommended for all other members.

Policy:

Radiofrequency ablation of tumors located in the lung is covered for patients who meet the medical criteria listed above; all other indications are considered not medically necessary due to lack of peer-review literature which support improved health outcomes.
Coverage:

Benefits may vary. Please refer to the appropriate member certificate/subscriber agreement/Rite Care contract for applicable section regarding surgery benefits/coverage.

Coding:

32998

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References:


Zhu JC, Yan TD, Ng K, Glenn D, Morris DL. Percutaneous Radiofrequency Ablation of Lung Tumours: Results in First 100 Consecutive Patients, J Clin Oncol (Meeting Abstracts) 2007 25: 7714.


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