Medical Policy:

Cryosurgical and Radiofrequency Ablation for Renal Tumors

POLICY NUMBER	LAST REVIEW
MG.MM.SU.45C15	July 8, 2022

Definitions

Cryoablation	Also known as cryosurgery or cryotherapy, cryoablation is a technique of ablating cells using liquid nitrogen or argon gas that is circulated through a hollow probe placed in direct contact with the tumor. An ice crystal formation around the probe tip freezes nearby cells, which destroys them. The ablated tissue is then absorbed by the body.
Radiofrequency ablation (RFA)	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 with small undefined renal lesions (≤ 4 cm in diameter) that are suspected to be malignant, or with malignant potential, are eligible for coverage of either cryoablation or RFA by any modality (eg laparoscopically or percutaneously) when either of the following criteria is met:

1. Medically or surgically inoperable tumor(s).
2. Poor candidacy for standard treatments (i.e., nephrectomy).

Limitations and Exclusions

Neither cryoablation nor RFA is considered medically necessary for members able to undergo surgical resection.

Procedure Codes

50250	Ablation, open, one 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
50592	Ablation, one or more renal tumor(s), percutaneous, unilateral, radiofrequency
50593	Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy

ICD-10 Diagnoses

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
C65.1	Malignant neoplasm of right renal pelvis
C65.2	Malignant neoplasm of left renal pelvis
C65.9	Malignant neoplasm of unspecified renal pelvis
D41.00	Neoplasm of uncertain behavior of unspecified kidney
D41.01	Neoplasm of uncertain behavior of right kidney
D41.02	Neoplasm of uncertain behavior of left kidney
D41.10	Neoplasm of uncertain behavior of unspecified renal pelvis
D41.11	Neoplasm of uncertain behavior of right renal pelvis
D41.12	Neoplasm of uncertain behavior of left renal pelvis

References

National Cancer Institute. Renal Cell Cancer Treatment PDQ® Health Professional Version. March 2021. http://www.cancer.gov/cancertopics/pdq/treatment/renalcell/healthprofessional. Accessed July 13, 2022.

National Institute for Clinical Excellence. Laparoscopic cryotherapy for renal cancer. July 14, 2021. http://guidance.nice.org.uk/IPG405. Accessed July 13, 2022.

National Institute for Clinical Excellence. Percutaneous cryotherapy for renal tumors. July 2011. http://guidance.nice.org.uk/IPG402. Accessed July 13, 2022.

National Institute for Clinical Excellence. Percutaneous Radiofrequency Ablation of Renal Cancer. July 2010. http://guidance.nice.org.uk/IPG353. Accessed July 13, 2022.

Specialty-matched clinical peer review.

Revision History

Jun. 14, 2019	ConnectiCare adopts clinical criteria of its parent corporation EmblemHealth