CRYOSURGICAL ABLATION OF RENAL CELL CANCER (RCC)

[Preauthorization Required]

Medical Policy: MP-SU-04-08
Original Effective Date: June 30, 2008

Reviewed: August 16, 2011
Revised:

This policy applies to products subscribed by the following corporations, MCS Life Insurance Company (Commercial), and MCS Advantage, Inc. (Classicare), and Medical Card System, Inc provider’s contract, unless specific contract limitations, exclusions or exceptions apply. Please refer to the member’s benefit certification language for benefit availability. Managed care guidelines related to referral authorization, and precertification of inpatient hospitalization, home health, home infusion and hospice services apply subject to the aforementioned exceptions.

DESCRIPTION

Cryosurgery involves freezing tissue to extremely cool temperatures (-190 degrees Celsius) in order to kill the cells. The mechanism of this destruction includes disruption of the cell wall, organelles within the cell and prohibiting blood from circulating. With the advent of newer delivery systems and ultrasound guidance one can destroy a focal area of tissue/cancer with accuracy up to 2.5 mm.

Cryosurgery of the kidney may be performed as an open surgical technique or as a closed procedure, under either laparoscopic or percutaneous approach, using ultrasound (US) or MRI to monitor probe placement. The probe is cooled to -90 degrees Celsius creating an ice ball. Using the ultrasound and specially designed temperature probes, the tumor and tissue surrounding it for 1 cm is cooled to 0 degrees Celsius. The advantages of include minimally invasive (no blood loss, no surgical incision, outpatient surgery), short recuperation period, procedure can be repeated if the first cryosurgery has failed; radical surgery is still an option if the first cryosurgery fails.

COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate member certificate and subscriber agreement contract for applicable diagnostic imaging, DME, laboratory, machine tests, benefits and coverage.
INDICATIONS

Medical Card System, Inc., (MCS) will consider Cryoablation Ablation of Renal Cell cancer (RCC) medically necessary for members who meet all of the following criteria:

- When the patient is not a candidate for conventional surgery or for maximum preservation of renal function in a patient with a solitary kidney
- When the maximum lesion size for treatment of stage I tumors of renal cell cancer (RCC) is ≤ 4.0 cm, not involving the major calyces

CONTRAINDICATIONS/LIMITATIONS

- Cryoablation of renal cell carcinoma (RCC) is not covered when the criteria listed above are NOT met.

CODING INFORMATION

CPT® Codes

<table>
<thead>
<tr>
<th>CPT® Codes</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>50250</td>
<td>Ablation, open, 1 or more renal mass lesion(s), cryosurgical, including intraoperative ultrasound, if performed</td>
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<tr>
<td>50542†</td>
<td>Laparoscopy, surgical; ablation of renal mass lesion(s)</td>
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<tr>
<td>50593</td>
<td>Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy</td>
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†Note: Covered when medically necessary and when used to report laparoscopy, surgical ablation of renal mass lesion(s) by cryoablation.

ICD-9 CM® Diagnosis Codes

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<tr>
<th>ICD-9 CM® Codes</th>
<th>Description</th>
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<tr>
<td>189.0</td>
<td>Malignant Neoplasm of Kidney, except pelvis</td>
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REFERENCES


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<tr>
<th>POLICY HISTORY</th>
<th>ACTION</th>
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<tr>
<td>June 30, 2008</td>
<td>Origination of Policy</td>
<td></td>
</tr>
<tr>
<td>August 11, 2009</td>
<td>Yearly Review</td>
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<tr>
<td>August 24, 2010</td>
<td>Yearly Review</td>
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<tr>
<td>August 16, 2011</td>
<td>Yearly Review</td>
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This document is for informational purposes only. It is not an authorization, certification, explanation of benefits, or contract. Receipt of benefits is subject to satisfaction of all terms and conditions of coverage. Eligibility and benefit coverage are determined in accordance with the terms of the member’s plan in effect as of the date services are rendered. Medical Card System, Inc., (MCS) medical policies are developed with the assistance of medical professionals and are based upon a review of published and unpublished information including, but not limited to, current medical literature, guidelines published by public health and health research agencies, and community medical practices in the treatment and diagnosis of disease. Because medical practice, information, and technology are constantly changing, Medical Card System, Inc., (MCS) reserves the right to review and update its medical policies at its discretion. Medical Card System, Inc., (MCS) medical policies are intended to serve as a resource to the plan. They are not intended to limit the plan’s ability to interpret plan language as deemed appropriate. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment they choose to provide.