



# MEDICAL POLICY STATEMENT

## Georgia Medicaid

Policy Name & Number	Date Effective
Radiofrequency and Microwave Ablation of Tumors-GA MCD-MM-1350	04/01/2023-01/31/2024
Policy Type	
MEDICAL	

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Medical Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Medical Policy Statement. If there is a conflict between the Medical Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination. According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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A. Subject

**Radiofrequency and Microwave Ablation of Tumors**

B. Background

Radiofrequency ablation of a tumor involves the delivery of high frequency alternating current to induce thermal injury of targeted tissue. Evidence for the use of radiofrequency ablation is constantly evolving based on the type of tumor and its location.

Hepatocellular carcinoma is the most common type of primary liver cancer. For most patients, treatment with curative intent is not possible. Treatment options include surgical excision, hepatic artery infusion chemotherapy, trans-arterial bland or chemoembolization, selective interstitial radiotherapy (Yttrium 90 microspheres), percutaneous ethanol injection, cryoablation, and thermo-ablation. Liver transplantation for curative intent may be appropriate for some patients. Radiofrequency ablation and microwave ablation, which are types of thermos-ablation, have proven to be effective local therapy techniques with similar results to other treatment options for smaller tumors.

Liver metastases are a common manifestation of many primary cancers. The number, location, size, and patient's general health influence the choice of treatment for liver metastases. Surgical resection with curative intent is ideal, however this applies to a minority of patients. Non-surgical ablative techniques may be used for both curative and palliative intent, including systemic chemotherapy, targeted therapy, immunotherapy, external beam radiotherapy, cryoablation, thermo-ablation, arterial embolization techniques, and selective internal radiation therapy.

Lung cancer is one of the most common types of cancer, with symptoms often not appearing until advanced disease, causing poor prognosis. Common treatments for primary or metastatic cancer in the lung includes surgery, chemotherapy, radiotherapy, photodynamic therapy, thermal ablation, immunotherapy, and biological therapy. Treatment selection is based on type, size, position and stage of cancer, and the patient's overall health.

Microwave ablation (MWA) uses microwave energy to cause thermal coagulation and tissue necrosis at a specific location. When a tumor is not amenable to resection or a patient is ineligible for surgery, MWA may be an appropriate alternative definitive treatment. This procedure can be done percutaneously, using minimally invasive surgical techniques, or during open surgery, and involves placement of one more probes directly into the tumor's location, where microwave energy can be directly applied, causing destruction of the tumor and limited surrounding tissues. Microwave ablation does not spare vessels.

### C. Definitions

- **Tumor Ablation** – direct application of energy to eradicate or destroy focal tumors. The method of ablation is dependent on the characteristics of the lesion and risk mitigation.
  - **Microwave Ablation (MWA)** – delivery of high-frequency microwave energy to rapidly agitate water molecules in the target tissue; the energy is converted to heat, which causes tissue necrosis.
  - **Radiofrequency Ablation (RFA)** – delivery of radio waves to generate heat and induce tissue destruction in the targeted area.

### D. Policy

- I. Microwave ablation for tumor treatment using an FDA-approved device is considered medically necessary when **ANY** (either A or B) of the following indications are met:
  - A. Member has primary or metastatic hepatic (liver) tumor and **ALL** the following:
    1. The tumor is unresectable due to location of lesion(s) OR the member has comorbid condition(s) that are contraindicative to surgery;
    2. Tumor is at most 5cm in size OR there are no more than 3 nodules, all of which are no more than 3cm in size;
    3. Microwave ablation may be used alone or in conjunction with open or minimally invasive resection of other liver tumors. Curative resection of all disease must be the stated goal of therapy;
  - or
  - B. Member has primary or metastatic lung tumor and **ALL** the following:
    1. The tumor is unresectable due to location of lesion(s) OR the member has comorbid condition(s) that are contraindicative to surgery;
    2. Single tumor is no more than 3cm in size.
- II. Microwave ablation is not covered for any other indication, including (but not limited to), the following:
  - A. Microwave ablation for any other tumor type is considered experimental and investigational due to a lack of clinical evidence on its efficacy.
  - B. Microwave ablation for tumors larger than 5cm or more than 3 nodules larger than 3cm is considered experimental and investigational due to a lack of clinical evidence on its efficacy compared to other treatment modalities.
- III. Radiofrequency ablation for tumor treatment is considered medically necessary for **ANY** of the following indications:
  - A. Bone metastases;
  - B. Osteoid osteoma;
  - C. Hepatocellular carcinoma with **ALL** the following:
    1. Child-Pugh class A or B liver function (score of 9 or less);
    2. Surgical evaluation indicates at least one of the following:
      - a. Patient is a candidate for surgical resection following radiofrequency ablation;
      - b. Patient is a candidate for transplant following bridge therapy by radiofrequency ablation;

- c. Patient is not a surgical candidate (or elects against surgery);
- d. Patient is not a transplant candidate;
- 3. Tumor has all the following:
  - a. Location amenable to percutaneous, minimally invasive or open surgical ablation;
  - b. Margins accessible to ablation;
  - c. Not in close proximity to critical structures (e.g., major vessels, major bile ducts, diaphragm, other intra-abdominal organs);
  - d. Single tumor 5cm or smaller in diameter OR no more than 3 tumors, each of which is 3cm or smaller in diameter;
- 4. No portal hypertension;
- D. Kidney tumor with **ALL** the following:
  - 1. Clinical stage T1 renal lesion;
  - 2. Patient is not candidate for or elects against active surveillance;
  - 3. Patient is not a surgical candidate (or elects against surgery);
  - 4. Tumor is not a renal angiomyolipoma;
- E. Liver metastases from colorectal carcinoma with **ALL** the following:
  - 1. Patient is not an ideal surgical candidate (or elects against surgery);
  - 2. Tumor has all the following:
    - a. Location amenable to percutaneous or surgical ablation;
    - b. Margins accessible to ablation;
    - c. Not in close proximity to critical structures (e.g., major vessels, major bile ducts, diaphragm, other intra-abdominal organs);
    - d. Single tumor 5cm or smaller in diameter OR no more than 3 tumors, each of which is 3cm or smaller in diameter;
  - 3. No extrahepatic disease;
- F. Lung cancer (non-small cell [NSCLC]) with **ALL** the following:
  - 1. Patient is not a surgical candidate (or elects against surgery);
  - 2. Tumor with **ALL** the following:
    - a. Less than 3cm in diameter;
    - b. Node negative (stage I);
    - c. Not in close proximity to major pulmonary vessels or esophagus;
    - d. Solitary peripheral lesion;
- G. Soft tissue sarcoma with **ALL** the following:
  - 1. Gastrointestinal stromal tumor with limited progressive disease (i.e., appearance of new lesion, increase in tumor size);
  - 2. Soft tissue sarcoma of extremity, superficial trunk, or head/neck, as indicated by both:
    - a. Synchronous stage IV disease;
    - b. Need for treatment of tumor bulk limited to single organ that is amenable to local therapy, or palliation of disseminated metastases;
- H. Thyroid cancer with **ALL** the following:
  - 1. Differentiated thyroid carcinoma (e.g., follicular, papillary) with **at least ONE** of the following:
    - a. Distant metastasis or persistent disease not amenable to treatment with radioactive iodine;

- b. Recurrent disease following treatment of locoregional disease;
- 2. Medullary carcinoma with **at least ONE** of the following:
  - a. Palliative treatment of symptomatic metastases or progressive disease needed;
  - b. Patient asymptomatic, with **at least ONE** of the following:
    - 01. Disease metastasis;
    - 02. Persistent disease following treatment of locoregional disease;
    - 03. Recurrent disease following treatment of locoregional disease;
- I. Uterine leiomyomas with **ALL** the following:
  - 1. Laparoscopic ultrasound-guided procedure planned;
  - 2. Leiomyomas documented by imaging study (e.g., ultrasound) or hysteroscopy);
  - 3. Patient desires uterine conservation;
  - 4. Patient is premenopausal;
  - 5. Persistent symptoms (3 months or greater in duration) directly attributed to presence of leiomyomas, as indicated by **at least ONE** of the following:
    - a. Abnormal uterine bleeding unresponsive to conservative management (e.g., hormonal therapy);
    - b. Bowel dysfunction;
    - c. Dyspareunia;
    - d. Infertility;
    - e. Iron deficiency anemia;
    - f. Pelvic pain or pressure;
    - g. Urinary dysfunction;
  - 6. Testing has ruled out other potential cases of symptoms.

E. Conditions of Coverage  
NA

F. Related Policies/Rules  
NA

G. Review/Revision History

	DATE	ACTION
<b>Date Issued</b>	10/12/2022	
<b>Date Revised</b>		
<b>Date Effective</b>	04/01/2023	
<b>Date Archived</b>	01/31/2024	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy.

H. References

1. Cui R, Yu J, Kuang M, et al. Microwave ablation versus other interventions for hepatocellular carcinoma: A systematic review and meta-analysis. J Cancer Res

The MEDICAL Policy Statement detailed above has received due consideration as defined in the MEDICAL Policy Statement Policy and is approved.

- Ther. 2020;16(2):379-386. PMID 32474527
2. Genshaft SJ, Suh RD, Abtin F, et al. Society of Interventional Radiology quality improvement standards on percutaneous ablation of non-small cell lung cancer and metastatic disease to the lungs. *J Vasc Interv Radiol* 2021; 32:1242.e1-1242.e10. Retrieved August 26, 2022 from [www.jvir.org](http://www.jvir.org).
  3. Glassberg MB, Ghosh S, Clymer JW, et al. Microwave ablation compared with hepatic resection for the treatment of hepatocellular carcinoma and liver metastases: a systematic review and meta-analysis. *World J Surg Oncol*. Jun 10 2019;17(1):98. PMID 31182102
  4. Han Y, Yan X, Zhi W, et al. Long-term outcome following microwave ablation of lung metastases from colorectal cancer. *Front Oncol*. 2022 Jul;12:943715. doi: 10/3389/fonc.2022.943715.
  5. Matsui Y, Tomita K, Uka M, et al. Up-to-date evidence on image-guided thermal ablation for metastatic lung tumors: a review. *Jpn J Radiol*. 2022 Jul. doi:10/1007/s11603-022-01302-0.
  6. MCG Health. (2022 August 31). Ambulatory Care 26<sup>th</sup> Edition. ACG: A-0718 (AC) – Radiofrequency Ablation of Tumor. Retrieved October 12, 2022 from [www.careweb.guidelines.com](http://www.careweb.guidelines.com).
  7. National Comprehensive Cancer Network (NCCN). Clinical Practice Guidelines in Oncology. Hepatobiliary cancers. Version: 2.2022. Issued July 15, 2022. Retrieved August 25, 2022 from [www.nccn.org](http://www.nccn.org).
  8. National Comprehensive Cancer Network (NCCN). Clinical Practice Guidelines in Oncology: Non-Small Cell Lung Cancer. Version 3.2022. Issued March 16, 2022. Retrieved August 25, 2022 from [www.nccn.org](http://www.nccn.org).
  9. National Institute for Health and Care Excellence (NICE). Microwave ablation for treating liver metastases [IPG553]. 2016; [www.nice.org.uk/guidance/ipg553](http://www.nice.org.uk/guidance/ipg553). Accessed August 19, 2021.
  10. National Institute for Health and Care Excellence (NICE). Microwave Ablation of Hepatocellular Carcinoma [IPG214]. 2007; [www.nice.org.uk/guidance/ipg214](http://www.nice.org.uk/guidance/ipg214). Accessed August 18, 2021.
  11. National Institute for Health and Care Excellence (NICE). Microwave ablation for treating primary lung cancer and metastases in the lung [IPG716]. 2022; Retrieved August 26, 2022 from [www.nice.org](http://www.nice.org).
  12. Nelson DB, Tam AL, Mitchell KG, et al. Local Recurrence After Microwave Ablation of Lung Malignancies: A Systematic Review. *Ann Thorac Surg*. Jun 2019;107(6):1876-1883. PMID 30508527
  13. Palussiere J, Chomy F, Savina M, et al. Radiofrequency ablation of stage IA non-small cell lung cancer in patients ineligible for surgery: results of a prospective multicenter phase II trial. *J Cardiothorac Surg*. 2018 Aug;13(1):91. doi: 10/1186/s13019-018-0773-y.
  14. Wang N, Xu J, Wang G, et al. Safety and efficacy of microwave ablation for lung cancer adjacent to the interlobar fissure. *Thorac Cancer*. 2022 Aug. doi: 10.1111/1759-7714.14589.
  15. Wu X, Uhlig J, Blasberg JD, et al. Microwave ablation versus stereotactic body radiotherapy for stage I non-small cell lung cancer: a cost-effectiveness analysis. *J Vasc Interv Radiol*. 2022 Aug;33(8):964-971.e2. doi: 10.1016/j.jvir.2022.04.019.

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