



# CIGNA MEDICAL COVERAGE POLICY

The following Coverage Policy applies to all plans administered by CIGNA Companies including plans administered by Great-West Healthcare, which is now a part of CIGNA.

**Subject Radiofrequency Ablation (RFA)  
for Bony Metastases**

**Effective Date ..... 10/15/2009**  
**Next Review Date ..... 10/15/2011**  
**Coverage Policy Number ..... 0467**

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## Hyperlink to Related Coverage Policies

Percutaneous Vertebroplasty and  
Kyphoplasty

### INSTRUCTIONS FOR USE

Coverage Policies are intended to provide guidance in interpreting certain **standard** CIGNA HealthCare benefit plans as well as benefit plans formerly administered by Great-West Healthcare. Please note, the terms of a participant's particular benefit plan document [Group Service Agreement (GSA), Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a participant's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a participant's benefit plan document **always supercedes** the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable group benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. Proprietary information of CIGNA. Copyright ©2009 CIGNA

## Coverage Policy

**CIGNA covers radiofrequency ablation as medically necessary for the treatment of bony metastases when there is failure, contraindication or intolerance to standard treatment (e.g., surgery, chemotherapy, radiation therapy).**

## General Background

Although the treatment for bony metastases is typically provided for pain relief, in some circumstances it can be performed with a curative intent (e.g., for isolated lesions). Standard treatment may include: surgical removal of the tumor(s), chemotherapy, hormonal therapy, radiopharmaceuticals, bisphosphonates, external beam radiation therapy, and/or pain medication (e.g., opioids, nonsteroidal anti-inflammatory drugs [NSAIDs]) (ACS, 2009; Janjan, et al., 2009; Goetz, et al., 2004; Callstrom, et al., 2002).

RFA is an accepted treatment option for individuals with bony metastases who have failed, cannot tolerate, or are not candidates for standard therapy. The purpose of RFA is to generate local frictional heating, resulting in cancerous tissue destruction. RFA is performed by positioning a probe into the tumor using ultrasound guidance or CT. Prongs or electrodes are extruded from the end of the probe and a current is emitted from the tips. The heat from the current destroys the surrounding tissue by thermal coagulation and protein denaturation. Ablation times may vary based upon tumor size, tumor location, and composition and vascularity of the tissue. With variation in the prong array, a section of three to five centimeters can be treated. In most studies, general

anesthesia has been administered, but in some clinical trials, RFA has been successfully performed in an outpatient setting using local anesthesia (ACS, 2009; Rosenthal, 2006; Simon and Dupuy, 2006; Neeman and Wood, 2002).

The proposed advantages of RFA in the treatment of bony metastases include: cell death is immediate, lesion size can be accurately controlled, lesion temperature can be monitored, electrode placement can be achieved with a percutaneous image-guided procedure, and the procedure can be performed under local anesthesia and conscious sedation. RFA can be performed without interrupting radiotherapy or chemotherapy, and the minimal incision minimizes the risk of infection following the procedure (Society of Interventional Radiologists, 2009; Aboulafla, et al., 2007; Dupuy and Goldberg, 2001).

### **U.S. Food and Drug Administration (FDA)**

Ablation systems are approved by the FDA under the 510(k) process as a Class II electrosurgical cutting and coagulation accessory device. Examples of these devices include the Cool-tip™ RF Ablation System (Valleylab, Boulder, CO) and the Rita® System (Rita Medical Systems, Inc., Mountain View, CA). These devices are approved for “percutaneous, laparoscopic, intraoperative coagulation and ablation of tissue, such as partial or complete ablation of non-resectable liver lesions and osteoma tumors” (FDA, 2006).

### **Literature Review**

Although the studies in the published peer-reviewed literature are primarily in the form of case series with small (n=5–45), heterogeneous patient populations and short term follow-ups (2–22 months), they reported immediate relief of pain, decreased pain and use of opioids, pain-free periods, and/or increased quality of life and activity following the treatment of bony metastases with RFA (Kojima, et al., 2006; Goetz, et al., 2004; Poggi, et al., 2003; Callstrom, et al., 2002; Gronemeyer, et al., 2002).

Studies have also been conducted to evaluate the safety and efficacy of RFA used in combination with other treatment modalities such as cementoplasty (Toyota, et al., 2005; Nakatsuka, et al., 2004) and vertebroplasty (Masala, et al., 2004). These studies also reported improvement in pain following the combined therapies.

### **Professional Societies/Organizations**

In a discussion regarding the treatment of bone metastases, the American Cancer Society (2009) lists RFA as a modality that may be an option for this patient population.

The National Cancer Institute (2009) states RFA may be used to provide pain relief in the treatment of patient's with painful osteolytic bony metastases.

In their 2009 practice guideline on the management of adult cancer pain, the National Comprehensive Cancer Institute added radiofrequency ablation as an example of an interventional therapy for the treatment of bone lesions.

### **Summary**

Evidence in the published peer-reviewed literature and professional societies support the use of radiofrequency ablation (RFA) for the treatment of bony metastases in individuals who have failed, cannot tolerate, or are not candidates for standard therapy.

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## **Coding/Billing Information**

**Note:** This list of codes may not be all-inclusive.

### **Covered when medically necessary:**

<b>CPT* Codes</b>	<b>Description</b>
20982	Ablation, bone tumor(s) (e.g., osteoid osteoma, metastasis) radiofrequency, percutaneous, including computed tomographic guidance

<b>ICD-9-CM</b>	<b>Description</b>
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<b>Diagnosis Codes</b>	
198.5	Secondary malignant neoplasm of bone and bone marrow

\*Current Procedural Terminology (CPT®) © 2008 American Medical Association: Chicago, IL.

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## Policy History

<b>Pre-Merger Organizations</b>	<b>Last Review Date</b>	<b>Policy Number</b>	<b>Title</b>
CIGNA HealthCare	10/15/2007	0467	Radiofrequency Ablation (RFA) for Bony Metastases

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Connecticut General Life Insurance Company has acquired the business of Great-West Healthcare from Great-West Life & Annuity Insurance Company (GWLA). Certain products continue to be provided by GWLA (Life, Accident and Disability, and Excess Loss). GWLA is not licensed to do business in New York. In New York, these products are sold by GWLA’s subsidiary, First Great-West Life & Annuity Insurance Company, White Plains, N.Y.