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Medical policies in conjunction with other nationally recognized standards of care are used to make medical coverage decisions.

GI and GU Procedures Policy

Indication/Usage:

The following digestive procedures are generally performed in an outpatient setting when medical necessity criteria is met.

Medical Indications for Authorization Commercial and Medicare Members

1. Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency CPT code 47382 CPT code 47328 is used for of treating liver tumors through a minimally invasive procedure. The primary goal of this service is to effectively destroy tumor cells while minimizing damage to surrounding healthy liver tissue. This procedure is for patients with liver tumors who may not be

suitable candidates for more invasive surgical options. The use of radiofrequency energy allows for targeted treatment. This code cannot be used in conjunction with codes for open or laparoscopic approaches.

SummaCare considers radiofrequency ablation to liver tumors medically necessary when all of the following criteria below is met, who are not Members must fulfill *all* of the following criteria. Particular emphasis should be placed on criteria 2 and 3, which ensure that cryosurgery, microwave, or radiofrequency ablation is performed with curative intent.

1. Documentation that the member is not a candidate for open surgical resection due to the location or extent of the liver disease or due to co-morbid conditions such that the member is unable to tolerate an open surgical resection.
2. Members must either have hepatic metastases from primary colorectal cancer or hepatocellular cancer.
3. Members must have isolated liver disease. Members with a diagnosis of nodal or extra-hepatic systemic metastases are not considered candidates for these procedures.
4. Pre-operative imaging shows that the tumors would be potentially destroyed by radiofrequency ablation.
5. Liver lesions must be 4 cm or less in diameter and occupy less than 50 % of the liver parenchyma.

2. Biopsy, abdominal or retroperitoneal mass, percutaneous needle CPT code 49180

CPT 49180 is used for needle biopsy for suspected abdominal or retroperitoneal mass. This procedure is completed under appropriate imaging guidance, such as ultrasound or CT, to ensure accurate needle placement. This code cannot be used in conjunction with codes for more invasive surgical procedures that involve direct excision of the mass.

SummaCare considers percutaneous needle biopsy by imaging guidance medically necessary for suspected abdominal or retroperitoneal mass.

3. **Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or urethrograms when performed, imaging guidance and all associated radiological supervision and interpretation CPT code 50435**

CPT code 50435 is used when a nephrostomy catheter needs to be exchanged due to various clinical indications. Imaging guidance is used to facilitate the exchange. This code cannot be used in conjunction with codes for initial catheter placement or conversion to a nephroureteral catheter.

SummaCare considers the exchange of a nephrostomy catheter under imaging medically necessary when needed to maintain proper urinary drainage.

4. Cystoscopy

The following procedures will require precertification at an outpatient facility and no precertification required when performed at an ambulatory surgery center.

SummaCare considers Cystourethroscopy medically necessary for 1 of the following

1. Placement of a suprapubic catheter or stent placement
2. Urinary symptoms including 1 of the following:
   - Gross hematuria, malignancy, infection, incontinence, obstruction or trauma

CPT Codes
52332 Cystoscopy And Treatment
52204 Cystoscopy W/Biopsy(S)
52005 Cystoscopy & Ureter Catheter

There are currently no NCD or LCD per CMS

Limitations

CPT codes 47382 and 49180 used for any other indication not listed the above criteria is considered experimental/investigational because the safety and/or effectiveness of those service has not be established

Coverage Decisions

Coverage decisions made per CMS, Hayes and industry standards research

Plans Covered By This Policy

Commercial and Medicare
Self-funded Commercial groups refer to plan document for coverage

Sources Reviewed

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How To Use CPT Code 47382 - Updated 2025 - Coding Ahead

How To Use CPT Code 49180 - Updated 2025 - Coding Ahead

How To Use CPT Code 50435 - Updated 2025 - Coding Ahead

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