



Cryosurgery for Liver Tumors

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Definition

Cryosurgery (also known as cryosurgical ablation) is a means for the surgical destruction of a liver tumor using a process of freeze-thaw cycles that kill tumors through physiochemical change and obliteration of small blood vessels. This method is often used in addition to surgical resection.

Guideline

Members with primary hepatocellular or metastatic tumors that are not amenable to surgical resection alone are eligible for coverage of cryosurgery when all of the following clinical criteria are met:

1. Greatest tumor dimension \leq 10 cm.
2. No uncontrolled extrahepatic malignancies.
3. Liver volume replacement by tumor $<$ 40%.

Limitations/Exclusions

The cryosurgical device used must be FDA-approved for the indications present.

In the case of carcinomas metastatic to the liver, the following qualifying conditions for coverage must be met:

1. The primary extrahepatic cancer site must be effectively controlled.
2. The metastatic lesions must be limited to the liver and not present in other organs.
3. The patient must have \leq 5 metastatic sites.
4. Lesions should be \leq 10 cm.

Applicable Procedure Codes

47371	Laparoscopy, surgical, ablation of one or more liver tumor(s); cryosurgical
47381	Ablation, open, of one or more liver tumor(s); cryosurgical
76940	Ultrasound guidance for, and monitoring of, parenchymal tissue ablation
47383	Ablation, 1 or more liver tumor(s), percutaneous, cryoablation
77013	Computed tomography guidance for, and monitoring of, parenchymal tissue ablation
77022	Magnetic resonance guidance for, and monitoring of, parenchymal tissue ablation
C2618	Probe/needle, cryoablation

Applicable ICD-10 Diagnosis Codes

C22.0	Liver cell carcinoma
C22.2	Hepatoblastoma
C22.3	Angiosarcoma of liver
C22.4	Other sarcomas of liver
C22.7	Other specified carcinomas of liver
C22.8	Malignant neoplasm of liver, primary, unspecified as to type
C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct

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