Cryosurgical Ablation for Prostate Cancer

Medical Guideline Disclaimer

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Definitions

Cryosurgery (aka cryotherapy or cryoablation) is a minimally invasive therapy performed with ultrasound guidance that destroys prostate tumor tissue through local freezing. The modality involves either complete or focal ablation (subtotal cryoablation) only targeting diseased tissue while leaving normal tissue intact.

Guideline

Cryosurgery is considered medically necessary as salvage therapy for prostate cancer recurrence when disease is localized, and both are applicable:

1. Failed trial of radiation therapy
2. Test results indicate ≥ 1:
   - Stage T2b or below
   - Gleason score < 9
   - Prostate-specific antigen (PSA) < 8 ng/mL

Limitations/Exclusions

Salvage therapy is not considered medically necessary when radiation was not utilized as a primary therapy.

Cryosurgery as a primary treatment modality is not considered medically necessary because it is not supported by the National Comprehensive Cancer Network® (NCCN).

Revision History

<table>
<thead>
<tr>
<th>Date</th>
<th>Note</th>
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<tbody>
<tr>
<td>Sept. 13, 2019</td>
<td>Removed primary treatment as a covered indication</td>
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Applicable Procedure Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>55873</td>
<td>Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)</td>
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Applicable ICD-10 Diagnosis Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>C61</td>
<td>Malignant neoplasm of prostate</td>
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<tr>
<td>D07.5</td>
<td>Carcinoma in situ of prostate</td>
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References


BlueCross BlueShield Association (BCBS), Technology Evaluation Center. Cryoablation for the primary treatment of clinically localized prostate cancer. TEC Assessment Program. Chicago IL: BCBSA; 2001;16(6).

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