Medical Coverage Policy | Whole Gland Cryoablation of Prostate Cancer

EFFECTIVE DATE: 02|17|15
POLICY LAST UPDATED: 11|02|2022

OVERVIEW
Cryoablation, also known as cryotherapy or cryosurgery, is a procedure that attacks cancer cells using extremely cold gas. This technique can be used to treat prostate cancer by percutaneously inserting thin, needle-like cryoprobes into the prostate gland and then sending very cold gas down the cryoprobes to rapidly freeze and thaw the tissue, causing necrosis. This review evaluates evidence on the use of total (whole gland, definitive therapy) cryoablation.

This policy is applicable to Commercial Products only. For Medicare Advantage Plans, see Related Policies section.

PRIOR AUTHORIZATION
Not applicable

POLICY STATEMENT
Commercial Products
Whole gland cryoablation of the prostate may be considered medically necessary as treatment of clinically localized (organ-confined) prostate cancer when performed as initial treatment or as salvage treatment of disease that recurs following radiotherapy.

MEDICAL CRITERIA
Not applicable

BACKGROUND
Prostate cancer is the most commonly diagnosed cancer and the second leading cause of cancer deaths among men in the United States, with an estimated 268,490 new cases and 34,500 deaths in 2022.1 The diagnosis and grading of prostate cancer are performed by taking a biopsy of the prostate gland.

Treatment
Whole gland (also known as total) cryoablation is one of several methods used to treat clinically localized prostate cancer and may be considered an alternative to radical prostatectomy or external-beam radiotherapy (EBRT). Additionally, whole gland cryoablation may be used for salvage of nonmetastatic relapse following initial therapy for clinically localized disease. Using percutaneously inserted cryoprobes, the glandular tissue is rapidly frozen and thawed to cause tissue necrosis. Cryosurgical ablation is less invasive than radical prostatectomy and recovery time may be shorter. External-beam radiotherapy requires multiple treatments, whereas cryoablation usually requires a single treatment.

Regulatory Status
Cryoablation of prostate cancer is a surgical procedure that uses previously approved and available cryoablation systems; as a surgical procedure, it is not subject to regulation by the U.S. Food and Drug Administration.

COVERAGE
Benefits may vary between groups and contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement for applicable Not Medically Necessary benefits/coverage.

CODING

Commercial Products

The following code(s) is medically necessary when filed with a covered *ICD-10 Diagnosis Code(s) below;

55873 Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)

***ICD-10 Covered Diagnosis Code(s)**

C61
C79.82
D07.5
Z85.46

RELATED POLICIES

Focal Treatments for Prostate Cancer
Medicare Advantage Plans National and Local Coverage Determinations

PUBLISHED

Provider Update, January 2023
Provider Update, October 2021
Provider Update, November 2020
Provider Update, December 2019
Provider Update, February 2019

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