Payment Policy | Cryosurgical Ablation of Breast Tumors

EFFECTIVE DATE: 11/06/2007
POLICY LAST UPDATED: 11/04/2008

OVERVIEW
This payment policy documents the coverage for Cryosurgical Ablation of Breast Tumors. Cryosurgical ablation freezes the target tissues.

PRIOR AUTHORIZATION
Prior authorization is not required.

POLICY STATEMENT
Blue CHiP for Medicare and Commercial

Cryosurgical ablation of breast tumors is a covered procedure.

MEDICAL CRITERIA

Not Applicable

BACKGROUND

Cryosurgical ablation freezes the target tissues. Tissues are most often frozen by inserting into the tumor a probe through which coolant is circulated. Cryosurgery may be performed as an open surgical technique or as a closed procedure using laparoscopic or ultrasound guidance.

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

CODING
BlueCHiP for Medicare and Commercial

19105

RELATED POLICIES
None

PUBLISHED

Provider Update	Dec 2008
Provider Update	Jan 2008

REFERENCES
None

CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.