

Medical Coverage Policies

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Cryosurgical Ablation of Breast Tumors

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

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.

Medical Criteria:

Not applicable.

Policy:

Cryosurgical ablation of breast tumors is a covered procedure.

Benefits may vary between groups/contracts. Please refer to the appropriate member booklet/subscriber agreement/Rite Care contract for applicable coverage/benefits.

Coding:

19105

Also Known As:

Not applicable

Related Topics:

Not applicable

Published:

Policy Update, January 2008

Provider Update, December 2008

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