Cryosurgical Ablation of Breast Tumors

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/Rlite 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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