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You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

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Reimbursement Policy

Cryosurgery of Prostate (NCD 230.9)

ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis and subsequent medical review. The effective date of changes/additions/deletions to this policy is the committee meeting date unless otherwise indicated. CPT codes and descriptions are copyright 2010 American Medical Association (or such other date of publication of CPT). All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS restrictions apply to Government use. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Current Dental Terminology (CDT), including procedure codes, nomenclature, descriptors, and other data contained therein, is copyright by the American Dental Association, 2002, 2004. All rights reserved. CDT is a registered trademark of the American Dental Association. Applicable FARS/DFARS apply.

Summary

Overview

Cryosurgery of the prostate gland, also known as cryosurgical ablation of the prostate (CSAP), destroys prostate tissue by applying extremely cold temperatures in order to reduce the size of the prostate gland. It is safe and effective, as well as medically necessary and appropriate, as primary treatment for patients with clinically localized prostate cancer, Stages T1-T3.

Cryosurgery of the prostate as a salvage therapy is not covered for any services performed prior to June 30, 2001.

Reimbursement Guidelines

Salvage Cryosurgery of Prostate After Radiation Failure

Salvage cryosurgery of the prostate for recurrent cancer is medically necessary and appropriate only for those patients with localized disease who:

1. Have failed a trial of radiation therapy as their primary treatment; and
2. Meet one of the following conditions: Stage T2B or below, Gleason score <9, PSA <8 ng/mL.

Cryosurgery as salvage therapy is therefore not covered under Medicare after failure of other therapies as the primary treatment. Cryosurgery as salvage is only covered after the failure of a trial of radiation therapy, under the conditions noted above.

CPT/HCPCS 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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ICP/PCS Codes

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<th>ICP Code</th>
<th>Description</th>
<th>PCS Code</th>
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<tr>
<td>60.62</td>
<td>Perineal prostatectomy (includes Cryoablitation of prostate, Cryoprostatectomy, Cryosurgery of prostate and Radical cryosurgical ablation of prostate - RCSA)</td>
<td>0V500ZZ</td>
<td>Destruction of Prostate, Open Approach</td>
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<td>0V503ZZ</td>
<td>Destruction of Prostate, Percutaneous Approach</td>
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<td></td>
<td>0V504ZZ</td>
<td>Destruction of Prostate, Percutaneous Endoscopic Approach</td>
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References Included (but not limited to):

CMS NCD
NCD 230.9 Cryosurgery of Prostate

CMS LCD(s)
Numerous LCDs

CMS Claims Processing Manual
Chapter 32; § 180 Cryosurgery of the Prostate Gland
# Cryosurgery of Prostate (NCD 230.9)

**UnitedHealthcare Medicare Advantage Coverage Summaries**
Cryosurgery for Prostate Cancer

## History

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<thead>
<tr>
<th>Date</th>
<th>Revisions</th>
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<tr>
<td>06/11/2014</td>
<td>Re-review presented to MRPC for approval</td>
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<tr>
<td>06/12/2013</td>
<td>Annual review</td>
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<td>09/14/2011</td>
<td>NCD Committee approved</td>
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