

Medical Coverage Policy | Whole Gland Cryoablation of Prostate Cancer



EFFECTIVE DATE: 02|17|15

POLICY LAST UPDATED: 12|18|2018

OVERVIEW

Cryoablation, also known as cryotherapy or cryosurgery, of prostate cancer is a technique in which cryoprobes are inserted percutaneously into the prostate gland to rapidly freeze and thaw tissue-causing necrosis. While most studies use total cryoablation, subtotal cryoablation is an emerging technique.

This policy is applicable to Commercial Products only. For Blue CHIP for Medicare, see related policy section.

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

Commercial Products

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 radiation therapy.

MEDICAL CRITERIA

Not applicable

BACKGROUND

Prostate cancer is the most commonly diagnosed cancer and the third leading cause of cancer deaths among men in the United States, with an estimated 161,360 new cases and 26,730 deaths in 2017.¹ The diagnosis and grading of prostate cancer are performed by taking a biopsy of the prostate gland.

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. Subtotal (focal) cryoablation and alternative procedures are considered in evidence review 8.01.61.

For individuals who are considering initial treatment for localized prostate cancer who receive whole gland cryoablation, the evidence includes several systematic reviews, 2 randomized controlled trials, and many comparative and noncomparative observational studies. Relevant outcomes are overall survival, disease-specific survival, symptoms, functional outcomes, quality of life, and treatment-related morbidity. High-quality data comparing cryoablation with external-beam radiotherapy, radical prostatectomy, or active surveillance are lacking, but available data have suggested similar overall survival and disease-specific survival rates compared with radical prostatectomy and external-beam radiotherapy. The evidence is sufficient to determine that the technology results in a meaningful improvement in the net health outcome.

For individuals who have salvage treatment for recurrence of localized prostate cancer following radiotherapy who receive whole gland cryoablation, the evidence includes primarily noncomparative case series and a few retrospective studies comparing salvage cryoablation with salvage prostatectomy. Relevant outcomes are overall survival, disease-specific survival, symptoms, functional outcomes, quality of life, and treatment-

related morbidity. High-quality data comparing cryoablation with prostatectomy was mixed, and evidence comparing cryotherapy with brachytherapy is lacking. Men in this group have few options and prostatectomy can be difficult in tissue that has been irradiated. The evidence is sufficient to determine that the technology results in a meaningful improvement in the net health outcome

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

The following code is medically necessary when filed with a covered diagnosis below

55873 Cryoablate Prostate

ICD10

C61, C79.82, D07.5, Z85.46

RELATED POLICIES

BlueCHiP for Medicare National and Local Coverage Determinations Policy
Focal Treatments for Prostate Cancer

PUBLISHED

Provider Update, February 2019

Provider Update January 2017

Provider Update April 2015

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