

Contractor's Policy Number

00-05

Contractor Name

CareFirst of Maryland Inc., Medicare Part A

Contractor Number

00190

Contractor Type

Fiscal Intermediary

LMRP Title

Cryosurgery in the Treatment of Liver Tumors

AMA CPT Copyright Statement

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CMS National Coverage Policy

- Establishment of national policy supercedes all previous contractor policy statements, including Local Medical Policy coverage guidelines.
- Title XVIII of the Social Security Act, section 1862 (a) (7). This section excludes routine physical examinations.
- Title XVIII of the Social Security Act, section 1862 (a) (1) (A). This section allows coverage and payment for only those services that are considered to be medically reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Primary Geographic Jurisdiction

Maryland

Washington, DC

Secondary Geographic Jurisdiction

Alabama, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Illinois, Iowa, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Missouri, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Wisconsin, Washington state, and Wyoming

CMS Region

Region III

CMS Consortium

Northeast

Original Policy Effective Date

06/26/2000

Original Policy Ending Date

Not applicable at this time.

Revision Effective date

Revision Ending Date

LMRP Description

Cryosurgery is a means for surgical destruction of diseased tissue. It has been used for many years in many medical fields including dermatology, neurosurgery, proctology, gynecology, and otolaryngology. In the last 10-15 years, much work

has been done in applying this modality to the treatment of liver tumors, both primary and metastatic. The biggest breakthrough in the field of cryosurgery for liver tumors has been the application of intraoperative ultrasound both to detect small lesions and to monitor the cryosurgical destruction process in order to assure complete ablation of the desired lesion, with a margin of normal tissue. In the treatment of liver tumors, cryosurgical destruction is often used in addition to surgical resection.

Indications and Limitations of Coverage and/or Medical Necessity

Cryosurgery in the treatment of certain selected primary and secondary liver tumors is considered safe and effective in the following clinical scenarios:

- Primary hepatocellular carcinoma when conventional surgical resection is felt to be contraindicated or when cryosurgical ablation is used as an adjunct to surgical resection,
- Carcinomas metastatic to the liver from colon, small intestine, ovarian, or neuroendocrine primaries,
- Carcinomas metastatic to the liver must meet all of the following qualifying conditions;
 - § the primary cancer site must be effectively controlled,
 - § the metastatic lesions must be limited to the liver and not present in other organs,
 - § the open laparotomy approach must be used,
 - § the patient must have no more than three liver metastases (except as described in the “Other Comments” section of this policy), and;
 - § no lesion should be larger than 7cm in size.

Note: Metastases to the liver from primary carcinomas of the breast, lung, stomach, pancreas, adenocarcinoma of unknown origin, and other such primaries that tend to be disseminated widely at the same time that liver metastases are present, are not appropriate for treatment by cryosurgical ablation.

- The cryosurgical device used must be FDA approved for the indications used.

CPT/HCPCS Section(s)

Surgery/Digestive System

Radiology/Ultrasonic Guidance

Type(s) of Bill

11X, 13X, 21X, 83X

Revenue Code(s)

36X, 49X

32X, 333, 34X, 35X, 40X, 61X

CPT/HCPCS Code(s)

49200 *Excision or destruction by any method of intra-abdominal or retroperitoneal tumors, or cysts, or endometriomas;*

76986 *Echography, intra-operative*

Not Otherwise Classified (NOC)

N/A

ICD-9-CM Codes That Support Medical Necessity

When procedure codes 49200, 49201, and 76986 are used as described within this policy, the following diagnosis code(s) will be considered by Medicare to support medical necessity:

152.0-152.2	Malignant neoplasm of small intestine, including duodenum, jejunum, ileum
152.8	Other specified sites of small intestine
152.9	Small intestine, unspecified
153.0-153.9	Malignant neoplasm of colon
154.0-154.3	Malignant neoplasm of rectum, rectosigmoid junction, and anus
154.8	Other
155.0	Malignant neoplasm of liver, primary
183.0	Malignant neoplasm of ovary

197.7

Secondary malignant neoplasm of liver

Diagnosis that Support Medical Necessity

N/A

ICD-9 Codes that DO NOT Support Medical Necessity

N/A

Diagnosis that DO NOT Support Medical Necessity

N/A

Reasons for Denial

- Non-FDA approved probe(s) and/or off-label uses of FDA approved probe(s).
- All other indications not listed in the “Indications and Limitations of Coverage” section of this policy.
- The service was performed for a diagnosis other than those identified under “ICD-9-CM Codes That Support Medical Necessity.”
- The service does not follow the guidelines of this policy.
- The cryosurgery is carried out using laparoscopic surgical technique.

Non-covered ICD-9-CM Code(s)

All diagnoses not listed under “ICD-9-CM Codes That Support Medical Necessity”

Noncovered Diagnosis

N/A

Coding Guidelines

- Criteria listed in “Indications and Limitations of Coverage” must be met for Medicare reimbursement.
- HCPCS code 49200, by CPT© definition includes treatment of more than

one tumor. Do not quantity bill this procedure code.

- HCPCS code 76986 should be billed only once per operative session regardless of the specialty billing for this code.
- If cryosurgery is performed in addition to surgical resection of the liver tumors, specific HCPCS codes must be submitted to reflect this. The operative report must specify both surgical resection and cryosurgery was performed.

Documentation Requirements

- Documentation supporting medical necessity should be legible, maintained in the patient's medical record, and must be made available to Medicare upon request.
- There must be a written report of the intraoperative echography in the patient's medical records. This requirement is considered to be met when the surgeon's operative note describes the use of intraoperative echography during the procedure

Utilization Guidelines

N/A

Other Comments

In rare instances, such as multiple neuroendocrine liver metastases, more than three (3) liver metastases might be appropriately treated with cryosurgery or a combination of cryosurgery and surgical excision. When this occurs, the operative note should explain in detail the clinical situation necessitating treatment of more than three (3) metastases. This detailed operative note should be available to Medicare upon request.

Sources of Information

TrailBlazer, Part B newsletter No. 026, June 26, 1998
Carrier Medical Director, New Technology Workgroup
Wellmark, Part B Local Medical Policy

Advisory Committee Notes

This policy does not reflect the sole opinion of the contractor or Contractor Medical Director. Although the final decision rests with the contractor, this policy was developed in cooperation with advisory groups, which includes representatives from the appropriate specialty (ies).

Advisory Committee meeting date:

Start Date of Comment Period

04/05/2000

End Date of Comment Period

05/22/2000

Start Date of Notice Period

05/26/2000

Revision History

Number

Date

Changes

THIS BULLETIN SHOULD BE SHARED WITH ALL HEALTH CARE PRACTITIONERS AND MANAGERIAL MEMBERS OF THE PROVIDER/SUPPLIER STAFF. BULLETINS ISSUED AFTER OCTOBER 1,1999 ARE AVAILBABLE AT NO-COST FROM OUR WEBSITE AT www.marylandmedicare.com

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