
FEHB Program Carrier Letter

All Carriers

U.S. Office of Personnel Management
Office of Insurance Programs

Letter No. 1999-023

Date: May 17, 1999

Fee-for-service [20] Experience-rated HMO [20] Community-rated HMO[21]

SUBJECT: Cryosurgery for Localized Prostate Cancer

All Federal Employees Health Benefits Program carriers must provide benefit coverage for cryosurgery for localized prostate cancer, effective from the date of this letter, as medically necessary and appropriate treatment. Cryosurgery of the prostate continues to be experimental/investigational for salvage therapy for local failures after radical prostatectomy, external beam irradiation, and brachytherapy, as the evidence is insufficient to demonstrate that safety and efficacy have been established.

Our determination is consistent with the Health Care Financing Administration's (HCFA) announcement on February 12, 1999, that Medicare was expanding treatment options for beneficiaries with prostate cancer to cover cryosurgery for patients with localized prostate cancer. HCFA's revised national decision was an outcome of their review of the new medical evidence supporting the effectiveness of cryosurgery as primary treatment for localized prostate cancer. However, cryosurgery as a treatment of last resort for prostate cancer continues to be a non-covered Medicare service and is not included in this coverage determination.

Check www.hcfa.gov/news/pr1999/pr021299.htm for a copy of HCFA's announcement. If you have any questions on this letter, please contact your OPM contract specialist.

Sincerely,

Frank D. Titus
Assistant Director
for Insurance Programs