

02-54000-22

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Reviewed: 08/27/20

Revised: 09/15/20

## Subject: Prostate Saturation Biopsy

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

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### **DESCRIPTION:**

Saturation biopsy of the prostate has been proposed in the diagnosis (for initial or repeat biopsy), staging, and management of patients with prostate cancer.

Saturation biopsy is considered as more than 20 cores taken from the prostate, with an improved sampling of the anterior zones of the gland, which may be undersampled in standard peripheral zone biopsy strategies and might lead to missed cancers. Saturation biopsy might be performed transrectally or transperineally; the transperineal approach is generally performed as a stereotactic template-guided procedure with general anesthesia.

In addition to the diagnosis of prostate cancer, some have suggested that saturation biopsy could be a part of active surveillance (a treatment approach that involves surveillance with prostate-specific antigen, digital rectal exam, and routine prostate biopsies in men whose cancers are small and expected to behave indolently). Saturation biopsy has the potential to identify tumor grade more accurately than standard biopsy.

### **POSITION STATEMENT:**

Transperineal stereotactic template-guided saturation prostate biopsy (more than 20 cores) **meets the definition of medical necessity** in members with persistently elevated PSA levels and two (2) or more previous negative prostate biopsies.

Transperineal stereotactic template-guided saturation prostate biopsy is considered **experimental or investigational** in all other situations, including, but not limited to repeat saturation biopsy. The evidence is insufficient to determine the effects of the technology on health outcomes.

## **BILLING/CODING INFORMATION:**

### **CPT Coding:**

55706	Biopsies, prostate, needle, transperineal, stereotactic templateguided saturation sampling, including imaging guidance
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### **ICD-10 Diagnosis Codes That Support Medical Necessity:**

C61	Malignant neoplasm of prostate
D07.5	Carcinoma in situ of prostate
D40.0	Neoplasm of uncertain behavior of prostate

## **REIMBURSEMENT INFORMATION:**

Refer to section entitled **POSITION STATEMENT**.

## **PROGRAM EXCEPTIONS:**

**Federal Employee Program (FEP):** Follow FEP guidelines.

**State Account Organization (SAO):** Follow SAO guidelines.

**Medicare Advantage Products:** No National Coverage Determination (NCD) and/or Local Coverage Determination (LCD) were found at the time of the last guideline reviewed date.

## **DEFINITIONS:**

No guideline specific definitions apply.

## **RELATED GUIDELINES:**

**[Whole Gland Cryoablation of Prostate Cancer, 02-54000-14](#)**

## **OTHER:**

None applicable

## **REFERENCES:**

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### **COMMITTEE APPROVAL:**

This Medical Coverage Guideline (MCG) was approved by the BCBSF Medical Policy & Coverage Committee on 08/27/20.

### **GUIDELINE UPDATE INFORMATION:**

01/01/10	New Medical Coverage Guideline.
03/15/10	Revision: Program Exception added for Medicare Advantage lines of business; updated references.
09/15/10	Scheduled review; Position Statement unchanged; references updated.
07/15/11	Review of Position Statement resulting in change in coverage; added ICD-9 and ICD-10 diagnosis codes; references updated.
01/01/13	Annual HCPCS coding update: revised descriptor for G0416.
01/01/14	Annual HCPCS coding update: revised descriptor for G0416, G0417, G0418, and G0419; Program Exceptions section updated.
01/01/15	Annual coding update: revised descriptor for G0416; deleted G0417, G0418, and G0419.
11/01/15	Revision: ICD-9 Codes deleted.
09/15/16	Revision; coding section updated.
10/15/18	Review; description, position statements, coding, and references updated; formatting changes.
09/15/20	Review; Position statements maintained and references updated.