Medical Policy

Saturation Biopsy for Diagnosis and Staging of Prostate Cancer

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Policy Number: 307
New Policy Number: 7.01.121

Related Policies
- Cryoablation of Prostate Cancer, #149

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Medicare HMO BlueSM and Medicare PPO BlueSM Members

Saturation biopsy is INVESTIGATIONAL in the diagnosis, staging, and management of prostate cancer.

Prior Authorization Information

<table>
<thead>
<tr>
<th></th>
<th>Outpatient</th>
<th>Inpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial Managed Care (HMO and POS)</td>
<td>This is not a covered service.</td>
<td>This is not a covered service.</td>
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<tr>
<td>Commercial PPO and Indemnity</td>
<td>This is not a covered service.</td>
<td>This is not a covered service.</td>
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<tr>
<td>Medicare HMO BlueSM</td>
<td>This is not a covered service.</td>
<td>This is not a covered service.</td>
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<tr>
<td>Medicare PPO BlueSM</td>
<td>This is not a covered service.</td>
<td>This is not a covered service.</td>
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CPT Codes / HCPCS Codes / ICD-9 Codes

The following codes are included below for informational purposes. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

CPT Codes

<table>
<thead>
<tr>
<th>CPT codes</th>
<th>Code Description</th>
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<tbody>
<tr>
<td>55706</td>
<td>Biopsies, prostate, needle, transperineal, stereotactic template guided saturation</td>
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sampling, including imaging guidance

### HCPCS Codes

<table>
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<th>HCPCS codes:</th>
<th>Code Description</th>
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<tr>
<td>G0416</td>
<td>Surgical pathology, gross and microscopic examinations, for prostate needle biopsy, any method, 10-20 specimens</td>
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<tr>
<td>G0417</td>
<td>Surgical pathology, gross and microscopic examination, for prostate needle biopsy, any method, 21-40 specimens</td>
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<tr>
<td>G0418</td>
<td>Surgical pathology, gross and microscopic examination, for prostate needle biopsy, any method, 41-60 specimens</td>
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<tr>
<td>G0419</td>
<td>Surgical pathology, gross and microscopic examination, for prostate needle biopsy, any method, &gt;60 specimens</td>
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### ICD-9 Diagnosis Codes

Investigational for the diagnoses described in the medical policy statement.

**Description**

Prostate cancer is the most common cause of cancer among men of all races and is the second leading cause of cancer-related deaths of men in the U.S. The diagnosis of prostate cancer is made most often by a core needle biopsy of the prostate gland preceded by Prostate Specific Antigen testing and digital rectal exam whose results indicate an abnormality.

For a biopsy, a narrow needle is placed through the rectal wall into the prostate gland, and guided by transrectal ultrasound, a sample of tissue (1/2" by 1/16") is obtained. A Gleason primary and secondary grade is assigned to the biopsy. The standard of care for an initial prostate biopsy should include at least 10–14 core needle samples from the prostate taken from the mid lobar and lateral peripheral zones.

Saturation biopsy involves obtaining at least 20 biopsy tissue cores from the prostate in a systematic manner in an effort to improve cancer detection rate; however, the extent to which this increase of biopsy sites would reduce morbidity and mortality is unknown. Both biopsy strategies have been proposed for not only diagnosis but also staging and management of patients with prostate cancer.

**Summary**

Studies showing improved detection or staging of prostate cancer using saturation biopsy compared to standard biopsy methodology are lacking. More importantly, no studies have been done that link the information obtained though saturation biopsy with improvement in net health outcome. Thus, the technique of saturation biopsy, taking 20 or more core tissue samples, is considered investigational.

### Policy History

<table>
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<tr>
<th>Date</th>
<th>Action</th>
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<tr>
<td>1/19/2011</td>
<td>New policy effective 1/19/2011 describing ongoing non-coverage.</td>
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**Information Pertaining to All Blue Cross Blue Shield Medical Policies**

Click on any of the following terms to access the relevant information:
References


