Medical Policy

Joint Medical Policies are a source for BCBSM and BCN medical policy information only. These documents are not to be used to determine benefits or reimbursement. Please reference the appropriate certificate or contract for benefit information.

Category: Surgery

Title: Transrectal Echography (Ultrasound) of the Prostate (TRUS)

Procedure Code(s): 76872

Description / Background

Transrectal ultrasound (TRUS) is a diagnostic imaging procedure used in the diagnosis, staging and management of malignant diseases of the prostate. It is also used to screen for prostrate cancer. Instrumentation consists of a transducer (probe) which is inserted into the rectum, a radial or linear scanner, and an imaging screen.

CPT / HCPCS Level II Codes and Description

76872 Echography, transrectal
55700 Biopsy, prostate; needle or punch, single or multiple, any approach

Diagnoses / Medical Conditions

- Malignant neoplasm of prostate
- Carcinoma in situ of prostate
- Abscess of anal and rectal regions
- Abscess of prostate

Medical Policy Statement

The safety and effectiveness of transrectal ultrasonography have been established. It may be considered a useful option when indicated for guiding a biopsy of the prostate in patients with palpable prostatic nodules, and is considered an integral part of the biopsy procedure.

Transrectal ultrasound is considered investigational for the following applications:

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- Diagnosis of prostrate cancer
- Staging of prostrate cancer
- Screening for prostrate cancer
- Monitoring the response of prostrate cancer to treatment

Rationale

The diagnosis of prostate cancer depends on the histopathologic evaluation of tissue specimens obtained from transrectal ultrasound (TRUS)- guided prostate biopsies. Systematic core biopsies of the prostate are recommended to maximize the diagnostic yield of biopsy and to allow estimation of tumor grade and volume. TRUS produces high-resolution images of the prostate by placing a high-frequency endorectal transducer in close proximity of the prostate. Both sagittal and axial planes of the prostate and seminal vesicles are imaged and gland volume is estimated.

Medical Policy Position Summary (Non-clinical summary statement for customer use)

The safety and effectiveness of transrectal ultrasonography have been established. It may be considered a useful option when indicated for guiding a biopsy of the prostate in patients with palpable prostatic nodules, and is considered an integral part of the biopsy procedure.

Transrectal ultrasound is considered investigational for the following applications:
- Diagnosis of prostrate cancer
- Staging of prostrate cancer
- Screening for prostrate cancer
- Monitoring the response of prostrate cancer to treatment

Inclusionary and Exclusionary Guidelines (Clinically based guidelines that may support individual consideration and pre-authorization decisions)

Exclusions for the utilization of TRUS include:
- Diagnosing prostrate cancer
- Staging prostrate cancer
- Screening for prostrate cancer
- Monitoring the response of prostrate cancer to treatment

Related Policies

76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation

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Medicare Information

There is no national or local Medicare policy available. Medicare does reimburse this procedure code.

(The above Medicare information is current as of the review date for this policy. However, the coverage issues and policies maintained by the Centers for Medicare & Medicare Services [CMS, formerly HCFA] are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. For the most current information, the reader should contact an official Medicare source.)

References

- Blue Cross Blue Shield Association Medical Advisory Panel, "Transrectal Ultrasound of the Prostate," BCBSA Medical Policy Reference Manual, Policy # 6.01.08, dated 12/15/00.
- Candas, B. et al., "Evaluation of prostatic antigen and digital rectal examination as screening tests for prostate cancer," Prostate, September 15, 2000, Vol. 45.1:19-35.
- Guirrassy, S. et al., "Anatomoclinical study of prostate benign tumors a urology service of the CHU Ignace Deen," Annales D Urologie, May 1, 2001, Vol. 35.3:159-61.
- Littrup, M.D., Peter J. et al, "Prostate Cancer: The Role of Transrectal Ultrasound and Its Impact on Cancer Detection and Management", Radiologic Clinics of North America, January 2000, Vol. 38.1:87-113.
- Solivetti, F. M. et al, "The imaging quality of the ureteral intramural tract in the adult male. A comparison between suprapubic and transrectal echography," Radiologia Medica, July-August 2000, Vol. 100.1-2:33-6.
- Yu, M.D,. Kyle K. et al, "The Prostate Gland: A Clinically Relevant Approach to Imaging", Radiologic Clinics of North America, January 2000, Vol. 38.1:59-85.

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Joint BCBSM/BCN Medical Policy History

Date	Rationale
5/22/02	Joint policy established
11/18/03	Policy retired; see comment below

Next Review: This is an established policy and no longer subject to periodic review

Pre-Consolidation Medical Policy History

Original Policy Date		Comments
BCN	N/A	Revised: N/A
BCBSM	11/11/96	Revised: N/A

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