



Medical Policies

Print

Policy Number: S-275

Policy Name: Prostate Disease: Diagnosis, Staging, and Treatment

Policy Type: Medical

Effective Date: 09-15-2025

Policy Subtype: Surgery

End Date: 11-02-2025

Description

Diagnosing and Staging of Prostate Cancer

Saturation biopsy, either initial or repeat, for a high-risk individual provides pathologists with an extensive selection of cells to test and can be used to help diagnose and stage prostate cancer when previous conventional prostate biopsies have been negative.

Treatment of Benign Prostate Hypertrophy or Prostate Cancer

A wide variety of minimally invasive therapies and surgery are available for diseases of the prostate and may include but are not limited to:

- Cryoablation of the prostate; **or**
- Cystourethroscopy with insertion of permanent adjustable transprostatic implant; **or**
- Holmium laser:
 - Ablation of the prostate [HoLAP]; **or**
 - Enucleation of the prostate [HoLEP]; **or**
 - Resection of the prostate [HoLRP]; **or**
- Photoselective laser vaporization (PVP); **or**
- Prostatic stents; **or**
- Prostatic urethral lift (PUL); **or**
- Radical prostatectomy; **or**
- Simple prostatectomy; **or**
- Transurethral anterior prostate commissurotomy; **or**
- Transurethral electrovaporization of the prostate (TUEVP, TUVAP or TUEVAP); **or**
- Transurethral incision of the prostate (TUIP); **or**
- Transurethral microwave thermotherapy (TUMT); **or**
- Transurethral resection of the prostate (TURP); **or**
- Transurethral waterjet ablation of the prostate; **or**
- Transurethral ultrasound-guided laser-induced prostatectomy (TULIP); **or**
- Water-induced thermotherapy (WIT), also called thermourethral hot-water therapy; **or**
- Water vapor thermal therapy when prostate volume is less than 80 grams.

Polyethylene glycol (PEG) hydrogel is a slowly resorbing hydrogel injected into Denonvillier's space to limit rectal toxicity before radiation therapy for prostate cancer.

Note: Oral pharmacological treatments and prostate specific antigen testing are not addressed in this policy.

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date; **and/or**

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

Diagnosis Codes

Covered Diagnosis Codes for Procedure Codes: 0421T; 0582T; 51721; 52441; 52442; 52450; 52601; 52630; 52640; 52647; 52648; 52649; 53850; 53852; 53854; 55801; 55810; 55812; 55815; 55821; 55831; 55840; 55842; 55845; 55866 and 55867

D29.1	D40.0	D49.59	N32.0	N32.42	N32.89	N32.9
N39.41	N39.42	N39.43	N39.44	N39.45	N39.46	N40.0
N40.1	N40.2	N40.3	N41.0	N41.1	N41.2	N41.3
N41.4	N41.8	N41.9	N42.31	N42.83	N42.89	N42.9

R97.20	R97.21	
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Covered Diagnosis Codes for Procedure Codes: 0582T; 0950T; 51721; 52441; 52442; 52601; 52630; 52640; 52647; 52648; 52649; 53850; 53852; 55866; 55873 and 55880

C61	C79.82	D07.5
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Covered diagnosis codes for procedure codes: 0443T; 55700; 55706; 55810; 55812; 55815; 55840; 55842; 55845; 55866 and 55874

C61	C79.82	D07.5	D40.0
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Covered Diagnosis Codes for Procedure Code: 0619T

N40.0	N40.1
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CURRENT CODING

CPT:

0421T	TRANSURETHRAL WATERJET ABLATION PROSTATE COMPL	Medicaid Expansion
0443T	R-T SPCTRL ALYS PRST8 TISS FLUORESCENC SPCTRSCPY	Medicaid Expansion
0582T	TRURL ABLTJ MAL PRST8 TISS HI ENERGY WATER VAPOR	Medicaid Expansion
0619T	CYSTO W/TRURL ANT PRST8 COMMISSUROTOMY & RX DLVR	Medicaid Expansion
0655T	TRANSPERINEAL FOCAL LASER ABLTJ MAL PRST8 TISS	Medicaid Expansion
0714T	TPLA B9 PROSTATIC HYPERPLASIA PRST8 VOL<50 ML	Medicaid Expansion
0738T	TX PLANNING MAG FLD INDCTJ ABLTJ MAL PRST8 TISS	Medicaid Expansion
0739T	ABLATION MAL PRST8 TISS MAGNETIC FIELD INDUCTION	Medicaid Expansion
0867T	TPLA B9 PROSTATIC HYPERPLASIA PRST8 VOL>=50 ML	Medicaid Expansion
51721	INSJ TRURL ABLTJ TRNSDCR DLVR THRM US PRST8 TISS	Medicaid Expansion
52282	CYSTOURETHROSCOPY INSERTION PERM URETHRAL STENT	Medicaid Expansion
52441	CYSTO INSJ PERM ADJTBL TRANSPROSTATIC 1 IMPLANT	Medicaid Expansion
52442	CYSTO INSJ PERM ADJTBL TRANSPROSTATIC IMPLANT EA	Medicaid Expansion
52450	TRANSURETHRAL INCISION PROSTATE	Medicaid Expansion
52601	TRURL ELECTROSURG RESCJ PROSTATE BLEED COMPLETE	Medicaid Expansion
52630	TRURL RESCJ RESIDUAL/REGROWTH OBSTR PRSTATE TISS	Medicaid Expansion
52640	TRURL RESCJ POSTOP BLADDER NECK CONTRACTURE	Medicaid Expansion
52647	LASER COAGULATION OF PROSTATE FOR URINE FLOW	Medicaid Expansion
52648	LASER VAPORIZATION OF PROSTATE FOR URINE FLOW	Medicaid Expansion
52649	LASER ENUCLEATION PROSTATE W/MORCELLATION	Medicaid Expansion
53850	TRURL DSTRJ PRSTATE TISS MICROWAVE THERMOTH	Medicaid Expansion
53852	TRURL DSTRJ PRSTATE TISS RF THERMOTH	Medicaid Expansion
53854	TRURL DSTRJ PRST8 TISS RF WW THERMOTHERAPY	Medicaid Expansion
53855	INSERT TEMP PROSTATIC URETH STENT W/MEASUREMENT	Medicaid Expansion
53865	CYSTO INSJ TEMP DEV ISCHMC RMDLG BLDR NECK&PRST8	Medicaid Expansion
53866	CATHJ RMVL TEMP DEV ISCHMC RMDLG BLDR NECK&PRST8	Medicaid Expansion
53899	UNLISTED PROCEDURE URINARY SYSTEM	Medicaid Expansion
55700	PROSTATE NEEDLE BIOPSY ANY APPROACH	Medicaid Expansion
55706	BX PRST8 NDL STRTCTC SATURATION SAMPLING IMG GID	Medicaid Expansion
55801	PROSTATECTOMY PERINEAL SUBTOTAL	Medicaid Expansion
55810	PROSTATECTOMY PERINEAL RADICAL	Medicaid Expansion
55812	PROSTATECTOMY PERINEAL RADICAL W/LYMPH NODE BX	Medicaid Expansion
55815	PROSTATECTOMY PERINEAL RAD W/BI PELVIC LYMPH EXC	Medicaid Expansion
55821	PROSTATECTOMY SUPRAPUBIC SUBTOTAL 1/2 STAGES	Medicaid Expansion

55831	PROSTATECTOMY RETROPUBIC SUBTOTAL	Medicaid Expansion
55840	PROSTATECTOMY RETROPUBIC W/WO NERVE SPARING	Medicaid Expansion
55842	PROSTECT RETROPUBIC RAD W/WO NRV SPAR W/LYMPH BX	Medicaid Expansion
55845	PROSTECT RETROPUB RAD W/WO NRV SPAR & BI PLV LYM	Medicaid Expansion
55866	LAPS SURG PRST8ECT RPBIC RAD W/NERVE SPARING	Medicaid Expansion
55867	LAPS SURG PRST8ECT SMPL STOT ROBOTIC ASSISTANCE	Medicaid Expansion
55873	CRYOSURGICAL ABLATION PROSTATE W/US & MONITORI	Medicaid Expansion
55874	TRANSPERINEAL PLMT BIODEGRADABLE MATRL 1/MLT NJX	Medicaid Expansion
55880	TRANSRECTAL ABLTJ MAL PRST8 TISSUE HIFU W/US	Medicaid Expansion
55881	ABLATION TRANSURETHRAL PRST8 TISSUE W/THERMAL US	Medicaid Expansion
55882	ABLT TRURL PRST8 TIS THRM US INS TRURL US TRNSDC	Medicaid Expansion
55899	UNLISTED PROCEDURE MALE GENITAL SYSTEM	Medicaid Expansion
0421T	TRANSURETHRAL WATERJET ABLATION PROSTATE COMPL	Commercial
0443T	R-T SPCTRL ALYS PRST8 TISS FLUORESCENC SPCTRSCPY	Commercial
0582T	TRURL ABLTJ MAL PRST8 TISS HI ENERGY WATER VAPOR	Commercial
0619T	CYSTO W/TRURL ANT PRST8 COMMISSUROTOMY & RX DLVR	Commercial
0655T	TRANSPERINEAL FOCAL LASER ABLTJ MAL PRST8 TISS	Commercial
0714T	TPLA B9 PROSTATIC HYPERPLASIA PRST8 VOL<50 ML	Commercial
0738T	TX PLANNING MAG FLD INDCTJ ABLTJ MAL PRST8 TISS	Commercial
0739T	ABLATION MAL PRST8 TISS MAGNETIC FIELD INDUCTION	Commercial
0867T	TPLA B9 PROSTATIC HYPERPLASIA PRST8 VOL>=50 ML	Commercial
51721	INSJ TRURL ABLTJ TRNSDCR DLVR THRM US PRST8 TISS	Commercial
52282	CYSTOURETHROSCOPY INSERTION PERM URETHRAL STENT	Commercial
52441	CYSTO INSJ PERM ADJTBL TRANSPROSTATIC 1 IMPLANT	Commercial
52442	CYSTO INSJ PERM ADJTBL TRANSPROSTATIC IMPLANT EA	Commercial
52450	TRANSURETHRAL INCISION PROSTATE	Commercial
52601	TRURL ELECTROSURG RESCJ PROSTATE BLEED COMPLETE	Commercial
52630	TRURL RESCJ RESIDUAL/REGROWTH OBSTR PRSTATE TISS	Commercial
52640	TRURL RESCJ POSTOP BLADDER NECK CONTRACTURE	Commercial
52647	LASER COAGULATION OF PROSTATE FOR URINE FLOW	Commercial
52648	LASER VAPORIZATION OF PROSTATE FOR URINE FLOW	Commercial
52649	LASER ENUCLEATION PROSTATE W/MORCELLATION	Commercial
53850	TRURL DSTRJ PRSTATE TISS MICROWAVE THERMOTH	Commercial
53852	TRURL DSTRJ PRSTATE TISS RF THERMOTH	Commercial
53854	TRURL DSTRJ PRST8 TISS RF WV THERMOTHERAPY	Commercial
53855	INSERT TEMP PROSTATIC URETH STENT W/MEASUREMENT	Commercial
53865	CYSTO INSJ TEMP DEV ISCHMC RMDLG BLDR NECK&PRST8	Commercial
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55801	PROSTATECTOMY PERINEAL SUBTOTAL	Commercial
55810	PROSTATECTOMY PERINEAL RADICAL	Commercial
55812	PROSTATECTOMY PERINEAL RADICAL W/LYMPH NODE BX	Commercial
55815	PROSTATECTOMY PERINEAL RAD W/BI PELVIC LYMPH EXC	Commercial
55821	PROSTATECTOMY SUPRAPUBIC SUBTOTAL 1/2 STAGES	Commercial

55831	PROSTATECTOMY RETROPUBIC SUBTOTAL	Commercial
55840	PROSTATECTOMY RETROPUBIC W/WO NERVE SPARING	Commercial
55842	PROSTECT RETROPUBIC RAD W/WO NRV SPAR W/LYMPH BX	Commercial
55845	PROSTECT RETROPUB RAD W/WO NRV SPAR & BI PLV LYM	Commercial
55866	LAPS SURG PRST8ECT RPBIC RAD W/NERVE SPARING	Commercial
55867	LAPS SURG PRST8ECT SMPL STOT ROBOTIC ASSISTANCE	Commercial
55873	CRYOSURGICAL ABLATION PROSTATE W/US & MONITORI	Commercial
55874	TRANSPERINEAL PLMT BIODEGRADABLE MATRL 1/MLT NJX	Commercial
55880	TRANSRECTAL ABLTJ MAL PRST8 TISSUE HIFU W/US	Commercial
55881	ABLATION TRANSURETHRAL PRST8 TISSUE W/THERMAL US	Commercial
55882	ABLT TRURL PRST8 TIS THRM US INS TRURL US TRNSDC	Commercial
55899	UNLISTED PROCEDURE MALE GENITAL SYSTEM	Commercial

HCPCS:

C2596	Probe, robotic, water-jet	Medicaid Expansion
C9739	Cystoscopy prostatic imp 1-3	Medicaid Expansion
C9740	Cysto impl 4 or more	Medicaid Expansion
C2596	Probe, robotic, water-jet	Commercial
C9739	Cystoscopy prostatic imp 1-3	Commercial
C9740	Cysto impl 4 or more	Commercial

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ND Committee Review

Internal Medical Policy Committee 3-23-2022 New policy for North Dakota

Internal Medical Policy Committee 7-21-2022 Coding update - **Effective July 01, 2022**

- **Added** Procedure Code 0714T

Internal Medical Policy Committee 11-29-2022 Revision with coding update

- Coding Update - **Effective January 01, 2023**
 - **Added** Procedure Code 0738T, 0739T and 55867
- Revision - **Effective January 02, 2023**
 - **Updated** language

Internal Medical Policy Committee 11-15-2023 - Revision - **Effective January 01, 2024**

- **Removed** bullet point regarding Prostatic Arterial Embolization
- **Removed** Procedure Code 37243

Internal Medical Policy Committee 7-16-2024 - Coding and Revision updates

- Coding update - **Effective July 01, 2024**
 - **Added** Procedure Code 0867T; and
 - **Added** Policy Application; and
- Revision with coding update - **Effective September 02, 2024**
 - **Added** Covered Diagnosis Codes N42.31; N42.32; R97.20 and R97.21; and
 - **Added** bullet Transperineal laser ablation for the treatment of BPH; and
 - **Updated** Professional Statements and Societal Positions Guidelines.

Internal Medical Policy Committee 1-14-2025 Coding update - **Effective January 01, 2025**

- **Added** Procedure Codes 51721, 53865, 53866, 55881 and 55882.

Internal Medical Policy Committee 9-4-2025 Coding Update- **Effective July 01, 2025**

- **Added** Procedure Code 0950T

Disclaimer

Current medical policy is to be used in determining a Member's contract benefits on the date that services are rendered. Contract language, including definitions and specific inclusions/exclusions, as well as state and federal law, must be considered in determining eligibility for coverage. Members must consult their applicable benefit plans or contact a Member Services representative for specific coverage information. Likewise, medical policy, which addresses the issue(s) in any specific case, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and the Company reserves the right to review and update medical policy periodically.