COVERAGE:

Transrectal ultrasound **IS CONSIDERED MEDICALLY NECESSARY** for the following:

**PROSTATE:**

- to guide biopsy of the prostate for patients with suspicion of malignancy (i.e., elevated PSA or palpable nodules).

- as a guidance for Brachytherapy and Transurethral Microwave Thermotherapy (TUMT) of the Prostate or to confirm placement depth in Transurethral Radiofrequency Needle Ablation (TUNA or RFNA) of the Prostate.

  **NOTE:** For TUMT, Brachytherapy, or Transurethral Radiofrequency Needle Ablation the transrectal ultrasound (when performed on the same day) should be considered an integral component of the primary procedure; therefore no additional payment should be allowed.

- to determine prostatic length for surgical assessment on a day other than the day of the primary procedure.

**RECTUM:**

- clinical staging of rectal carcinoma.

Transrectal ultrasound **IS CONSIDERED INVESTIGATIONAL** for the following:

**PROSTATE:**

- diagnosis of prostate cancer when used alone without a needle biopsy;

- staging of prostate cancer;

- screening for prostate cancer; or

- monitoring the response of prostate cancer to treatment.

DESCRIPTION:

Transrectal ultrasound is an imaging procedure for specific conditions involving the prostate, rectum and surrounding tissues.

This imaging procedure has been used alone or as an adjunct for the following indications:
PROSTATE:

- to guide needle biopsy of the prostate,
- as guidance in Transurethral Microwave Thermotherapy (TUMT) of the Prostate and Brachytherapy, or to confirm placement in Transurethral Radiofrequency Needle Ablation (TUNA or RFNA) of the Prostate.

RECTUM:

- clinical staging of a patient with rectal carcinoma

Instrumentation consists of a transducer (probe) which is inserted into the rectum, a radial and/or linear scanner, and an imaging screen.

RATIONALE:

There is no evidence that TRUS improves diagnosis of prostate cancer.

Per the TEC Assessment of March 1994, transrectal ultrasound used for staging of prostate cancer for definitive treatment does not appear to improve the net health outcome or to be as beneficial as the established alternatives. Clinical staging, which is based mainly on digital rectal examination, tends to understage prostate cancer. As a result, a substantial proportion of patients inappropriately undergo definitive treatment, which is ineffective for extensive disease. If TRUS were used to determine whether patients have localized or extensive disease, fewer patients who actually have extensive disease would inappropriately undergo definitive treatment (radical prostatectomy or radiation therapy). However, a substantial proportion of patients who have localized disease might be ruled out for definitive therapy, which is potentially curative.

Transrectal ultrasound used for monitoring the course of a patient’s disease after initiation of treatment for prostate cancer does not appear to improve net health outcome or to be as beneficial as the established alternatives. The few available studies suggest that TRUS is not a good predictor of recurrence or progression.

Medline searches performed up to 12/2000 resulted in no change in the position of this policy. There is no new data showing support of TRUS for staging or monitoring of prostate cancer.

DISCLAIMER:

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, takes precedence over Medical Policy and must be considered first in determining coverage. The member’s contract benefits in effect on the date that services are rendered must be used. Any benefits are subject to the payment of premiums for the date on which services are rendered. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically. HMO Blue Texas physicians who are contracted/affiliated with a capitated IPA/medical group must contact the IPA/medical group for information regarding HMO claims/reimbursement information and other general polices and procedures.