

Evidence Based Guideline

Transrectal Ultrasound

File Name: transrectal_ultrasound
Origination: 9/1994
Last Review: 5/2003

Active guideline, no longer scheduled for routine literature review.

Description of Procedure or Service

Ultrasound is the use of extremely high frequency waves to produce pictures of structures inside the body. A transrectal ultrasound is done by inserting a transducer or probe into the rectum. Sound waves travel through the body and bounce off the organs inside. The echoes from these waves are translated into an image that is displayed on an imaging screen. Transrectal ultrasound is used in the [staging](#) and treatment of disease of the prostate, genital and rectal structures. It may also be used to guide the clinician in taking biopsy samples for diagnosis.

Evidence Based Guideline for Transrectal Ultrasound

- ◆ **Transrectal ultrasound may be appropriate for the following [prostate](#) conditions:**
 - Local [staging](#) of [prostate](#) cancer in patients with an established diagnosis of [prostate](#) cancer
 - Monitoring the response to therapy in patients with [prostate](#) cancer
 - Measuring the size or volume of [prostate](#) tissue prior to radiation therapy
 - Evaluation of prostatic tissue for radioactive seed implantation
 - Evaluation of [prostate](#) for finding the source of possible cancerous tissue in asymptomatic (without symptoms) patients with normal digital rectal examination (DRE) but elevated [PSA](#) level (typically greater than 4)
 - Evaluation of abnormal [prostate](#) by DRE with a normal [PSA](#) level
 - Evaluation of suspected prostatitis or prostatic abscess
 - [Congenital](#) and acquired cystic conditions of the [prostate](#), seminal vesicles, and related tissue
- ◆ **Transrectal ultrasound may be appropriate for the following [anorectal](#) conditions:**
 - Clinical [staging](#) of a patient with rectal cancer
 - Evaluation of patients who have had definitive treatment for carcinoma of the rectum where recurrent disease is noted
 - Evaluation of patients with an anal or rectal fistula
 - Diagnostic evaluation of [malignant](#) or [benign](#) perirectal tumors such as, but not limited to, vilous adenomas, chordomas, leiomyosarcomas, and dermoid cysts
 - Evaluation of anal and/or rectal or perirectal abscesses

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- ◆ **Transrectal ultrasound of the seminal vesicles and ejaculatory duct may be appropriate only when the following criteria are met:**
 - a motility of < 30% in the absence of any other explanation, with or without a decreased sperm count, **OR**
 - low semen volume (<1.0 ml), **OR**
 - perineal pain associated with ejaculation, **OR**
 - one of the above plus a physical exam indicating: 1) a cyst of either the seminal vesicle or **prostate**, **OR** 2) nonpalpable vas deferens or epididymides

Medical Evidence regarding Transrectal Ultrasound indicates it is not recommended in the following situations:

- ◆ For the screening of **prostate** cancer (It is not recommended because of its low reliability.)
- ◆ For any purpose other than those cited above.

Benefits Application

Please refer to certificate for availability of benefit. This guideline relates only to the services or supplies described herein. Benefits may vary according to benefit design; therefore certificate language should be reviewed before applying the terms of the policy.

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable codes: 55700, 76872, 76873, 76942

Medical Term Definitions

Anorectal

pertains to the anus and rectum or the region between the two.

Benign

not malignant, not recurrent, favorable for recovery.

Congenital

existing at, and usually before birth; referring to conditions that are present at birth, regardless of their causation.

Malignant

cancerous, not benign; describes a tumor that invades and destroys the tissues in which it originates and can spread to other sites in the body via the bloodstream and lymphatic system. If untreated, these

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tumors can cause progressive deterioration and death.

Prostate gland

a gland in the male that surrounds the neck of the bladder and the urethra. The prostate contributes to the seminal fluid for reproduction.

PSA

a simple blood test used to detect prostate cancer in men. The test measures a specific antigen (PSA) secreted by the prostate. If cancer is developing, the prostate secretes higher amounts of PSA.

Staging of cancer

classification of cancer according to the extent of the tumor--the size, site, and spread of the disease.

Scientific Background and Reference Sources

BCBSA Medical Policy Reference Manual - 12/95

Plan Consultant and Physician Advisory Group - 7/25/96

AArmink RG, Beerlage HP. Transrectal ultrasound of the prostate: innovations and future applications. J. Urol. 1998;159(5):1568-79.

2/99 Consultant review indicates it should not be paid for screening, however, should be covered for evaluation of prostate size, biopsy (because it increases the accuracy), and placement of radioactive seeds (because it enhances the placement of the seeds)

Medical Policy Advisory Group - 8/12/99

Specialty Matched Consultant Advisory Panel - 5/2001

BCBSA Medical Policy Reference Manual - Review date: 4/15/02 - Policy 6.01.08 and 6.01.28

Specialty Matched Consultant Advisory Panel - 5/2003

Policy Implementation/Update Information

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|-------|---|
| 1/88 | Evaluated: Investigational |
| 10/90 | Evaluated: Guided biopsy considered eligible for coverage in patients with palpable nodules. Diagnosis, staging, screening, guiding implantation of 125I seeds and monitoring treatment response considered investigational |
| 11/93 | Evaluated: Investigational for staging and treatment monitoring |
| 12/95 | Evaluated: Guiding implantation of 125I seeds removed. Addressed under policy on Radioactive Seed Implantation. |
| 9/96 | Revised: Added elevated PSA (greater than 4) and to rule out or diagnose prostatic cyst among those covered indications |
| 11/96 | Revised: Clarified policy to state that transrectal ultrasound is generally performed in conjunction with a biopsy and is investigational if performed alone |
| 9/97 | Revised: Removed "Transrectal ultrasound guidance is an integral part of the biopsy procedure and is not eligible for coverage as a separate procedure" from Policy Guideline section. |
| 5/99 | Revised with criteria for the ultrasound. Approved. |

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- 6/99 Reformatted, Medical Term Definitions added.
- 8/99 Medical Policy Advisory Group
- 2/00 Revised: Removed "Transrectal ultrasound performed as part of radioactive seed implantation or biopsy of the prostate is considered an integral part of the procedure and is not eligible for separate reimbursement." from the Billing/Coding section of the policy.
- 4/01 System changes.
- 5/01 Specialty Matched Consultant Advisory Panel review (5/2001). Added word "typically" to "elevated PSA level (Typically greater than 4). Also changed low semen volume to (<1.0 ml).
- 6/03 Specialty Matched Consultant Advisory Panel review (5/23/2003). Policy status changed to: "Active policy, no longer scheduled for routine literature review. Added "Benefits Application" section. Added code 76873 to Billing/Coding section.
- 9/18/06 Medical Policy changed to Evidence Based Guideline. (pmo)
- 6/22/10 Policy Guideline Number(s) removed (amw)

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.