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Dear Carrier Medical Director:

It has come to our attention that your insurance carrier considers saturation biopsy to diagnose prostate cancer as investigational. In January, 2009, The American Medical Association established a Category I CPT code *55706 Biopsies, prostate, needle, transperineal, sterotatic template guided saturation sampling, including imaging guidance* as an appropriate means of reporting for reimbursement. This procedure should not be considered investigational but an appropriate diagnostic tool used by urologists.

In some cases, clinical suspicion of undiagnosed prostate cancer persists after a negative first biopsy, Examples include: 1) persistently elevated or rising PSA; 2) high-grade PIN which is thought to be a pre-cancerous condition with up to 40% of PIN patients having prostate cancer on repeat biopsy; 3)atypia or suspicious biopsies with up to 50% of repeat biopsy proving positive. In these cases, there remains a high degree of suspicion of prostate cancer in spite of repeated negative biopsy; therefore, this technique (as outlined below) contains a larger number of cores that the standard prostate biopsy (55700). The larger number of evenly distributed samples increases the likelihood of discovering an underlying cancer regardless of tumor size or location. This biopsy technique involves use of a transperineal rather than a transrectal approach. A brachytherapy grid is utilized as a template placed against the perineum and an ultrasound probe placed in the rectum. Using 5mm intervals, the prostate gland is sampled in a sterotactic fashion thereby mapping the entire gland. General rather than local anesthesia provides adequate patient comfort.

A typical patient for a Transperineal with mapping saturation biopsy might look like this: A 58 year old male previously presented six months ago with a PSW of 5.8 and a normal digital rectal exam. At that time, he underwent a standard 12 core transrectal biopsy which revealed high-grade prostatic intraepithelial neoplasia (PIN) involving the right mid-base and mid-apex of his prostate. He was followed carefully and a repeat PSA has not increased to 8.6. His digital rectal exam remains normal. Given his increasing PSA and prior history of high-grade PIN, it is elected to perform a trans perineal sterotactic template guided saturation sampling biopsy of his prosate under general anesthesia.

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The American Urological Association Coding and Reimbursement Committee recommends that CPT code 55706 should be covered and reimbursed by all carriers.

We ask that you reconsider your coverage policy on saturation biopsy.

Sincerely,

David Penson, M.D., MPH
Chair, Health Policy Council