



MASSACHUSETTS

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Medical Policy Focal Treatments for Prostate Cancer

Table of Contents

- [Policy: Commercial](#)
- [Coding Information](#)
- [Information Pertaining to All Policies](#)
- [Policy: Medicare](#)
- [Description](#)
- [References](#)
- [Authorization Information](#)
- [Policy History](#)

Policy Number: 733

BCBSA Reference Number: 8.01.61 (For Plan internal use only)

NCD/LCD: N/A

Related Policies

- Cryosurgical Ablation of Miscellaneous Solid Tumors Other Than Liver, Prostate, or Dermatologic Tumors, #[260](#)
- Magnetic Resonance Imaging–Guided Focused Ultrasound #[243](#)
- Saturation Biopsy for Diagnosis, Staging, and Management of Prostate Cancer, #[307](#)

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity Medicare HMO BlueSM and Medicare PPO BlueSM Members

Use of any focal therapy modality to treat individuals with localized prostate cancer is [INVESTIGATIONAL](#).

Prior Authorization Information

Inpatient

- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

Outpatient

- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

| | Outpatient |
|---------------------------------------|---------------------------------------|
| Commercial Managed Care (HMO and POS) | This is not a covered service. |
| Commercial PPO and Indemnity | This is not a covered service. |
| Medicare HMO Blue SM | This is not a covered service. |
| Medicare PPO Blue SM | This is not a covered service. |

CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The following CPT code is considered investigational for Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

CPT Codes

| CPT codes: | Code Description |
|------------|--|
| 51721 | Insertion of transurethral ablation transducer for delivery of thermal ultrasound for prostate tissue ablation, including suprapubic tube placement during the same session and placement of an endorectal cooling device, when performed |
| 55880 | Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance |
| 55881 | Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation; |
| 55882 | Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation; with insertion of transurethral ultrasound transducer for delivery of thermal ultrasound, including suprapubic tube placement and placement of an endorectal cooling device, when performed |

Description

Prostate Cancer

Prostate cancer is the second most common cancer diagnosed among men in the U.S. According to the National Cancer Institute, nearly 268,490 new cases are estimated to be diagnosed in the U.S. in 2022, associated with around 34,500 deaths.¹ Prostate cancer is more likely to develop in older men and in non-Hispanic Black men. About 6 in 10 cases are diagnosed in men who are ≥ 65 years of age, and it is rare in men < 40 years of age. Autopsy studies in the pre-prostate-specific antigen (PSA) screening era identified incidental cancerous foci in 30% of men 50 years of age, with incidence reaching 75% at age 80 years.² However, the National Cancer Institute Surveillance Epidemiology and End Results Program data have shown that age-adjusted cancer-specific mortality rates for men with prostate cancer declined from 40 per 100,000 in 1992 to 19 per 100,000 in 2018. This decline has been attributed to a combination of earlier detection via PSA screening and improved therapies.

Focal Treatments for Localized Prostate Cancer

Given significant uncertainty in predicting the behavior of individual localized prostate cancers, and the substantial adverse events associated with definitive treatments, investigators have sought a therapeutic middle ground. The latter seeks to minimize morbidity associated with radical treatment in those who may not actually require surgery while reducing tumor burden to an extent that reduces the chances for rapid progression to incurability. This approach is termed *focal treatment*, in that it seeks to remove, using any of several ablative methods described next, cancerous lesions at high-risk of progression, leaving behind uninvolved glandular parenchyma. The overall goal of any focal treatment is to minimize the risk of early tumor progression and preserve erectile, urinary, and rectal functions by reducing damage to the neurovascular bundles, external sphincter, bladder neck, and rectum.^{3,4,5,6,7}

Modalities Used to Ablate Lesions

The following ablative methods for which clinical evidence is available are considered herein: focal laser ablation; high-intensity focused ultrasound (HIFU); cryoablation; radiofrequency ablation (RFA); photodynamic therapy and irreversible electroporation.^{3,4,6,7,8,9,10,11,12,13,14} Each method requires placement of a needle probe into a tumor volume followed by delivery of some type of energy that destroys the tissue in a controlled manner. All methods except focal laser ablation currently rely on ultrasound guidance to the tumor focus of interest; focal laser ablation uses MRI to guide the probe.

Summary

Description

Prostate cancer is the second most common cancer diagnosis men receive in the U.S., and the behavior of localized prostate cancer can prove difficult to predict on a case-by-case basis. Most men with prostate cancer undergo whole-gland treatments, which can often lead to substantial adverse events. To reduce tumor burden and minimize morbidity associated with radical treatment, investigators have developed a therapy known as focal treatment. Focal treatment seeks to ablate either an “index” lesion (defined as the largest cancerous lesion with the highest-grade tumor), or alternatively, to ablate nonindex lesions and other areas where cancer has been known to occur. Addressed in this review are several ablative methods used to remove cancerous lesions in localized prostate cancer (eg, focal laser ablation, high-intensity focused ultrasound [HIFU], cryoablation, radiofrequency ablation [RFA], photodynamic therapy, irreversible electroporation).

Summary of Evidence

For individuals who have primary localized prostate cancer who receive focal therapy using laser ablation, HIFU, cryoablation, RFA, photodynamic therapy, or irreversible electroporation, the evidence includes systematic reviews, studies from a registry cohort, and numerous observational studies. Relevant outcomes are overall survival (OS), disease-specific survival, symptoms, change in disease status, functional outcomes, quality of life (QoL), and treatment-related morbidity. The evidence is highly heterogeneous and inconsistently reports clinical outcomes. No prospective, comparative evidence was found for the majority of focal ablation techniques versus current standard treatment of localized prostate cancer, including radical prostatectomy, external-beam radiotherapy, or active surveillance. Methods have not been standardized to determine which and how many identified cancerous lesions should be treated for best outcomes. No evidence supports which, if any, of the focal techniques leads to better functional outcomes. Although high disease-specific survival rates have been reported, the short follow-up periods and small sample sizes preclude conclusions on the effect of any of these techniques on OS rates. The adverse event rates associated with focal therapies appear to be superior to those associated with radical treatments (eg, radical prostatectomy, external-beam radiotherapy); however, the evidence is limited in its quality, reporting, and scope. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

Policy History

| Date | Action |
|---------|---|
| 1/2025 | Clarified coding information. |
| 11/2024 | Annual policy review. Policy updated with literature review through July 18, 2024; references added. New indication added in summary of evidence section for irreversible electroporation. Policy statements unchanged. |
| 11/2023 | Annual policy review. Description, summary, and references updated. Policy statements unchanged. |
| 1/2023 | PA information section clarified to include Medicare. |
| 11/2022 | Annual policy review. Description, summary, and references updated. Minor editorial refinements to policy statements; intent unchanged. |
| 10/2021 | Annual policy review. Description, summary, and references updated. Policy statements unchanged. |
| 1/2021 | Medicare information removed. See MP #132 Medicare Advantage Management for local coverage determination and national coverage determination reference. Clarified coding information. |

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|---------|---|
| 11/2020 | Annual policy review. Description, summary, and references updated. Policy statements unchanged. |
| 6/2020 | Local Coverage Determination (LCD): Salvage High-intensity Focused Ultrasound (HIFU) Treatment in Prostate Cancer (PCa) (L38262) added. Effective 4/1/2020. |
| 10/2019 | Annual policy review. Description, summary, and references updated. Policy statements unchanged. |
| 10/2018 | Annual policy review. Description, summary, and references updated. Policy statements unchanged. |
| 10/2017 | Annual policy review. New references added. |
| 7/2017 | Clarified coding information. |
| 10/2016 | Annual policy review. New references added. |
| 11/2015 | Annual policy review. New references added. |
| 9/2015 | New medical policy describing investigational indications. Effective 9/1/2015. |

Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

[Medical Policy Terms of Use](#)

[Managed Care Guidelines](#)

[Indemnity/PPO Guidelines](#)

[Clinical Exception Process](#)

[Medical Technology Assessment Guidelines](#)

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