

# Prostatectomy



INDEPENDENT CARE HEALTH PLAN

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## Medicare Advantage Medical Coverage Policy

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## Related Medicare Advantage Medical/Pharmacy Coverage Policies

None

## Related Documents

There are no NCDs and/or LCDs for **prostatectomy**.

## Description

The prostate is a walnut-sized gland located in front of the rectum and just below the bladder that forms part of the male reproductive system. The prostate gland surrounds the urethra, the canal through which urine passes out of the body. Prostate cancer is the most commonly diagnosed cancer, excluding skin cancer, and is the second leading cause of cancer death in North American males. Localized prostate cancer

(confined to the prostate gland) may be curable and even if widespread, frequently responds to treatment. However, survival and prognosis are greatly influenced by several factors such as age of the individual, disease stage, grade of the tumor and the presence of comorbid medical conditions.

Prostatectomy involves the removal of the prostate gland, with or without nerve sparing and surrounding tissues usually includes the seminal vesicles and some nearby lymph nodes. Examples of prostatectomy techniques include, but may not be limited to, the following:

**Laparoscopic prostatectomy** is a surgical procedure where the surgeon makes several small incisions in the lower abdomen and inserts special tools to remove the prostate.

**Open prostatectomy** is a surgical procedure where the surgeon removes the prostate through an incision in the lower abdomen or, less commonly, through a perineal incision.

## Coverage Determination

*iCare follows the CMS requirements that only allows coverage and payment for services that are reasonable and necessary for the diagnosis and treatment of illness or injury or to improve the functioning of a malformed body member except as specifically allowed by Medicare.*

*In interpreting or supplementing the criteria above and in order to determine medical necessity consistently, iCare may consider the criteria contained in the following:*

**Prostatectomy** will be considered medically reasonable and necessary when the following requirements are met:

- Localized (**T1** [organ confined] through **T3** [locally advanced]) prostate cancer without fixation to adjacent structures (eg, bladder, pelvic wall or rectum); **OR**
- Salvage therapy for local recurrence, following failure of external beam radiation therapy (EBRT), brachytherapy or cryotherapy;

**AND** all of the following:

- Life expectancy of 10 years or greater; **AND**
- No distant metastases; **AND**
- No evidence of regional lymph node involvement

*The use of the criteria in this Medicare Advantage Medical Coverage Policy provides clinical benefits highly likely to outweigh any clinical harms. Services that do not meet the criteria above are not medically*

*necessary and thus do not provide a clinical benefit. Medically unnecessary services carry risks of adverse outcomes and may interfere with the pursuit of other treatments which have demonstrated efficacy.*

## Coverage Limitations

[US Government Publishing Office. Electronic code of federal regulations: part 411 – 42 CFR § 411.15 - Particular services excluded from coverage](#)

## Coding Information

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
55801	Prostatectomy, perineal, subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy)	
55810	Prostatectomy, perineal radical;	
55812	Prostatectomy, perineal radical; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	
55815	Prostatectomy, perineal radical; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	
55821	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); suprapubic, subtotal, 1 or 2 stages	
55831	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); retropubic, subtotal	
55840	Prostatectomy, retropubic radical, with or without nerve sparing;	
55842	Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	
55845	Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	

55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	
55867	Laparoscopy, surgical prostatectomy, simple subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy), includes robotic assistance, when performed	
CPT® Category III Code(s)	Description	Comments
No code(s) identified		
HCPCS Code(s)	Description	Comments
No code(s) identified		

## References

1. Agency for Healthcare Research and Quality (AHRQ). Comparative Effectiveness Review. Therapies for clinically localized prostate cancer. <https://www.ahrq.gov>. Published September 2020. Accessed November 30, 2022.
2. American Cancer Society (ACS). Surgery for prostate cancer. <https://www.cancer.org>. Published August 1, 2019. Accessed December 1, 2022.
3. American Urological Association (AUA). AUA/ASTRO Guideline. Clinically localized prostate cancer. <https://www.auanet.org>. Published 2022. Accessed December 1, 2022.
4. ECRI Institute. Clinical Evidence Assessment. Outpatient robot-assisted radical prostatectomy for treating localized prostate cancer. <https://www.ecri.org>. Published June 16, 2022. Accessed November 30, 2022.
5. ECRI Institute. Emerging Technology Evidence Report. Robotic-assisted laparoscopic radical prostatectomy for localized prostate cancer. <https://www.ecri.org>. Published August 2, 2005. Updated May 17, 2010. Accessed November 30, 2022.
6. ECRI Institute. Technology Forecast. Prostate cancer. <https://www.ecri.org>. Published December 2, 2003. Updated July 7, 2014. Accessed November 30, 2022.
7. Hayes, Inc. Medical Technology Directory (ARCHIVED). Laparoscopic radical prostatectomy. <https://evidence.hayesinc.com>. Published July 5, 2005. Updated June 22, 2009. Accessed November 30, 2022.
8. Hayes, Inc. Medical Technology Directory (ARCHIVED). Robotic-assisted prostatectomy. <https://evidence.hayesinc.com>. Published April 28, 2008. Updated March 13, 2012. Accessed November 30, 2022.

9. MCG Health. Prostatectomy, radical. 26<sup>th</sup> edition. <https://www.mcg.com>. Accessed November 8, 2022.
10. National Cancer Institute (NCI). Prostate cancer treatment (PDQ) – health professional version. <https://www.cancer.gov>. Updated October 14, 2022. Accessed December 1, 2022.
11. National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology. Prostate cancer. <https://www.nccn.org>. Published September 16, 2022. Accessed December 1, 2022.
12. UpToDate, Inc. Active surveillance for males with clinically localized prostate cancer. <https://www.uptodate.com>. Updated October 2022. Accessed November 30, 2022.
13. UpToDate, Inc. Cryotherapy and other ablative techniques for the initial treatment of prostate cancer. <https://www.uptodate.com>. Updated November 23, 2022. Accessed November 30, 2022.
14. UpToDate, Inc. Initial approach to low- and very low-risk clinically localized prostate cancer. <https://www.uptodate.com>. Updated October 2022. Accessed November 30, 2022.
15. UpToDate, Inc. Initial management of regionally localized intermediate-, high-, and very high-risk prostate cancer and those with clinical lymph node involvement. <https://www.uptodate.com>. Updated October 2022. Accessed November 30, 2022.
16. UpToDate, Inc. Localized prostate cancer: risk stratification and choice of initial treatment. <https://www.uptodate.com>. Updated October 2022. Accessed November 30, 2022.
17. UpToDate, Inc. Prostate cancer in older males. <https://www.uptodate.com>. Updated October 2022. Accessed November 30, 2022.
18. UpToDate, Inc. Radical prostatectomy for localized prostate cancer. <https://www.uptodate.com>. Updated October 3, 2022. Accessed November 30, 2022.

## Appendix

### Appendix A

#### TNM Staging System for Prostate Cancer<sup>11</sup>

Primary tumor (T)	
Clinical T (cT)	
T category	T criteria
TX	Primary tumor cannot be assessed
T0	No evidence of primary tumor
T1	Clinically inapparent tumor that is not palpable
T1a	Tumor incidental histologic finding in 5% or less of tissue resected
T1b	Tumor incidental histologic finding in more than 5% of tissue resected
T1c	Tumor identified by needle biopsy found in one or both sides, but not palpable
T2	Tumor is palpable and confined within prostate
T2a	Tumor involves one-half of one side or less
T2b	Tumor involves more than one-half of one side but not both sides
T2c	Tumor involves both sides
T3	Extraprostatic tumor that is not fixed or does not invade adjacent structures
T3a	Extraprostatic extension (unilateral or bilateral)
T3b	Tumor invades seminal vesicle(s)
T4	Tumor is fixed or invades adjacent structures other than seminal vesicles such as external sphincter, rectum, bladder, levator muscles, and/or pelvic wall.
Pathological T (pT)	
T category	T criteria
T2	Organ confined
T3	Extraprostatic extension
T3a	Extraprostatic extension (unilateral or bilateral) or microscopic invasion of bladder neck
T3b	Tumor invades seminal vesicle(s)
T4	Tumor is fixed or invades adjacent structures other than seminal vesicles such as external sphincter, rectum, bladder, levator muscles, and/or pelvic wall
Note: There is no pathological T1 classification.	
Note: Positive surgical margin should be indicated by an R1 descriptor, indicating residual microscopic disease.	
Regional lymph nodes (N)	
N category	N criteria
NX	Regional lymph nodes cannot be assessed
N0	No positive regional nodes
N1	Metastases in regional node(s)
Distant metastasis (M)	
M category	M criteria
M0	No distant metastasis
M1	Distant metastasis
M1a	Nonregional lymph node(s)
M1b	Bone(s)

M1c	Other site(s) with or without bone disease
Note: When more than one site of metastasis is present, the most advanced category is used. M1c is most advanced.	

**Change Summary**

- 01/01/2024 New Policy.