Medical Policy

Transrectal Ultrasound for Staging Rectal Cancer

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Policy Number: 679
BCBSA Reference Number: 6.01.28A
NCD/LCD: Local Coverage Determination (LCD): Transrectal Ultrasound (L33578)

Related Policies
- Transrectal Ultrasound of the Prostate, #680

Policy

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

Transrectal ultrasound may be considered MEDICALLY NECESSARY for the following anorectal conditions:
- Clinical staging of a patient with rectal carcinoma
- 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 villous adenomas, chordomas, leiomyosarcomas, and dermoid cysts
- Evaluation of anal and/or rectal or perirectal abscesses.

Transrectal ultrasound is INVESTIGATIONAL for conditions not listed above.

Medicare HMO BlueSM and Medicare PPO BlueSM Members

Medical necessity criteria and coding guidance for Medicare Advantage members living in Massachusetts can be found through the link(s) below.

Local Coverage Determinations (LCDs) for National Government Services, Inc.

Local Coverage Determination (LCD): Transrectal Ultrasound (L33578)

Note: To review the specific LCD, please remember to click “accept” on the CMS licensing agreement at the bottom of the CMS webpage.
For medical necessity criteria and coding guidance for Medicare Advantage members living outside of Massachusetts, please see the Centers for Medicare and Medicaid Services website at https://www.cms.gov for information regarding your specific jurisdiction.

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.

<table>
<thead>
<tr>
<th>Product/Plan Type</th>
<th>Prior Authorization Requirement</th>
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</thead>
<tbody>
<tr>
<td>Commercial Managed Care (HMO and POS)</td>
<td>Prior authorization is not required.</td>
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<tr>
<td>Commercial PPO and Indemnity</td>
<td>Prior authorization is not required.</td>
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<tr>
<td>Medicare HMO BlueSM</td>
<td>Prior authorization is not required.</td>
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<tr>
<td>Medicare PPO BlueSM</td>
<td>Prior authorization is not required.</td>
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</tbody>
</table>

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 above medical necessity criteria MUST be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity:

CPT Codes

<table>
<thead>
<tr>
<th>CPT codes:</th>
<th>Code Description</th>
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<tbody>
<tr>
<td>76872</td>
<td>Ultrasound, transrectal;</td>
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</table>

Description

Transrectal ultrasound (TRUS) of the rectum has been investigated as a technique to evaluate the local extent of rectal cancer, both to determine the penetration through the rectal wall and to assess neighboring lymph nodes. TRUS involves insertion of a transducer within a latex balloon filled with water. The transducer may either be inserted directly or through a sigmoidoscope to allow access to a more proximal lesion. In general, 5 ultrasonic layers can be distinguished corresponding to the following components of the bowel wall: mucosa, muscularis mucosa, submucosa, muscularis propria, perirectal fat. Tumors invading submucosa are called T1; invading muscularis propria, T2; penetrating rectal wall into perirectal fat, T3; and involving adjacent organs, T4. In terms of determining candidacy for local resection, it is most important to distinguish T1/T2 tumors from T3/T4. Prior surgery or radiation therapy disturbs the anatomy of the rectum; therefore, TRUS cannot distinguish between the layers of the rectal wall in previously treated patients.

Policy History

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
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<tbody>
<tr>
<td>1/2015</td>
<td>Medical policy remediation: Formatting, editing and coding updates. Language transferred from medical policy #007, Ultrasounds.</td>
</tr>
</tbody>
</table>
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

References