



MASSACHUSETTS

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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**.

	Outpatient
Commercial Managed Care (HMO and POS)	Prior authorization is not required .
Commercial PPO and Indemnity	Prior authorization is not required .
Medicare HMO BlueSM	Prior authorization is not required .
Medicare PPO BlueSM	Prior authorization is not required .

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

CPT codes:	Code Description
76872	Ultrasound, transrectal;

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

Date	Action
1/2015	Medical policy remediation: Formatting, editing and coding updates. Language transferred from medical policy #007, Ultrasounds.
7/2011	Reviewed - Medical Policy Group - Hematology and Oncology. No changes to policy statements.

9/2010	Reviewed - Medical Policy Group - Hematology and Oncology. No changes to policy statements.
9/2009	Reviewed - Medical Policy Group - Hematology and Oncology. No changes to policy statements.
10/2008	Reviewed - Medical Policy Group - Hematology and Oncology. No changes to policy statements.
9/2007	Reviewed - Medical Policy Group - Hematology and Oncology. No changes to policy statements.

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

1. Vignati PV, Roberts PL. Preoperative evaluation and postoperative surveillance for patients with colorectal carcinoma. Surg Clin North Am 1993; 73(1):67-84.
2. Akasu T, Sugihara K, Moriya Y et al. Limitations and pitfalls of transrectal ultrasonography for staging of rectal cancer. Dis Colon Rectum 1997; 40(10 suppl):S10-5.
3. Gualdi G, Casciani E, Guadalaxara A et al. Local staging of rectal cancer with transrectal ultrasound and endorectal magnetic resonance imaging. Dis Colon Rectum 2000; 43:338-75.