

# 2024 Prostatectomy

## Surgical Services

 ${\small {\sf SURG-PROSTATE-HH}} \\ {\small {\sf Copyright}} \ @ \ 2024 \ WNS \ (Holdings) \ Ltd. \\$ 

Last Review Date: 08/20/2024
Previous Review Date: 11/03/2023
Guideline Initiated: 06/30/2019



## **Table of Contents**

Prostatectomy	3		
Prostatectomy Guideline	3		
Prostatectomy Procedure Codes	4		
Prostatectomy Summary of Changes	4		
Prostatectomy Definitions	5		
Prostatectomy References			
Disclaimer & Legal Notice			



## **Prostatectomy**

#### **Prostatectomy Guideline**

A prostatectomy is considered medically appropriate when the documentation demonstrates the individual's risk of prostate cancer is **ANY** of the following: \***NOTE**: *Prostatectomy for Benign Prostatic Hyperplasia (BPH) is uncertain/unclear in the current evidence. Requests for this therapy require review by a physician reviewer, medical director and/or the individual's healthplan <sup>1</sup>. [1] [3] [4] [6] [2]* 

- 1. Low risk with **ALL** of the following:
  - a. Clinical stage T1 to T2a
  - b. Gleason Grade/Group pattern of 1
  - c. Life expectancy is 10 years or longer.
  - d. Prostate-specific antigen (PSA) level is less than 10 ng/mL.
- 2. Favorable intermediate risk with **ALL** of the following:
  - a. Biopsy cores (prostate): 50% or more are positive for prostate cancer **AND** clinical stage T2b or T2c.
  - b. Gleason Grade/Group pattern of 1 or 2
  - c. Life expectancy is 10 years or longer.
  - d. PSA level is 10 ng/mL to 20 ng/mL.
- 3. Unfavorable intermediate risk with **ANY** of the following:
  - a. Biopsy cores (prostate): 50% or more are positive for prostate cancer **AND** clinical stage T2b or T2c.
  - b. Gleason Grade/Group pattern of 3
  - c. Life expectancy is 10 years or longer.
  - d. PSA level is 10 ng/mL to 20 ng/mL.
- 4. High risk prostate cancer with **ANY** of the following:
  - a. Clinical stage T3a
  - b. Gleason Grade/Group pattern of 4 or 5
  - c. Life expectancy is longer than 5 years.



#### A WNS COMPANY

- d. PSA level is more than 20 ng/mL.
- e. **NO** very-high risk features are demonstrated.
- 5. Very high risk prostate cancer with **ANY** of the following:
  - a. Biopsy cores (prostate): More than 4 biopsy cores with Group pattern 4 or 5
  - b. Clinical stage T3b to T4
  - c. Life expectancy is longer than 5 years.
  - d. Primary Gleason pattern is 5.

#### **Prostatectomy Procedure Codes**

#### **Table 1. Prostatectomy Associated Procedure Codes**

CODE	DESCRIPTION
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

#### **Prostatectomy Summary of Changes**

Prostatectomy clinical guidelines from 2023 to 2024 had the following version changes:

- Citations updated per the evidence.
- Evidence reviewed and indications stayed the same.



## **Prostatectomy Definitions**

**Gleason score** is a score that is the sum of the two Gleason grades assigned to a prostate tumor that is based on a scale of 2 to 10 with the lowest numbers indicating a slow-growing tumor unlikely to spread and the highest numbers indicating an aggressive tumor.

**Table 1. Prostate Cancer Grade Groups** 

<b>Grade Group</b>	Gleason Score	Cancer Grade
Grade Group 1	Gleason score of 6 or less	Low grade cancer
Grade Group 2	Gleason score 3+4=7	Medium grade cancer
Grade Group 3	Gleason score 4+3=7	Medium grade cancer with more abnormal cells
Grade Group 4	Gleason score of 8	High grade cancer
Grade Group 5	Gleason score of 9 to 10	High grade cancer

**Grade Group** is five distinct Grade Groups based on the modified Gleason score groups. Grade group 1 = Gleason score less than or equal to 6, Grade group 2 = Gleason score 3 + 4 = 7, Grade group 3 = Gleason score 4 + 3 = 7, Grade group 4 = Gleason score 8, Grade group 5 = Gleason scores 9 = and 10 = Gleason score 9 = Gleason score

**Prostatectomy** is a surgery to remove part or all of the prostate and some of the tissue around it, including the seminal vesicles.

#### TNM Clinical Staging:

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) 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.

NO- No positive regional nodes

N1- Metastases in regional node(s).

M0- No distant metastasis.

M1- Distant metastasis.

M1a- Nonregional lymph node(s).

M1b- Bone(s)



M1c- Other site(s) with or without bone disease.

**Prostate-specific antigen (PSA)** is a protein produced by normal, as well as malignant, cells of the prostate gland. The PSA test measures the level of PSA in the blood.

## **Prostatectomy References**

- [1] Katz, E.G. & Allaf, M.E. (2024). Pelvic lymph node dissection for prostate cancer. A. J. Costello, B. Callacombe, . . . F.A. Reeves, (Eds.). *Principles and Practice of Robotic Surgery*, (pp. 133-142). Philadelphia, PA: Elsevier, Inc.
- [2] Lowrance, W.T., Breau, R.H., . . . Cookson, M.S. (2021). 2023 Advanced Prostate Cancer: AUA/SUO Guideline. *The Journal of Urology*, 209(6), 1082-1090.
- [3] Michalski, J.M., Pisansky, T.M., . . . Potter, L. (2021). Prostate Cancer. J.E. Tepper, R.L. Foote, & J.M. Michalski (Eds.). *Gunderson & Tepper's Clinical Radiation Oncology* (5), (pp. 1054-1114.e22). Philadelphia, PA: Elsevier.
- [4] Nelson, W.G. (2023). Prostate Cancer. R.D. Kellerman & D.P. Rakel, . . . E.M. Lee (Eds.). *Conn's Current Therapy 2023*, (pp. 1185-1189). Philadelphia, PA: Elsevier.
- [5] Sanhu, J.S., Bixler, B.R., . . . Dahm, P. (2021). Management of Lower Urinary Tract Symptoms Attributed to Benign Prostatic Hyperplasia: AUA Guideline. *The Journal of Urology*, 211(1), 1097.
- [6] Schaeffer, E.M., Srinivas, S., . . . Wong, J.K. (2024). Prostate Cancer Version 4.2024. *National Comprehensive Cancer Network*. Retrieved: July 2024. https://www.nccn.org/professionals/physician\_gls/pdf/prostate.pdf

### **Disclaimer & Legal Notice**

#### **Purpose**

The purpose of the HealthHelp's clinical guidelines is to assist healthcare professionals in selecting the medical service that may be appropriate and supported by evidence to safely improve outcomes. Medical information is constantly evolving, and HealthHelp reserves the right to review and update these clinical guidelines periodically. HealthHelp reserves the right to include in these guidelines the clinical indications as appropriate for the organization's program objectives. Therefore the guidelines are not a list of all the clinical indications for a stated procedure, and associated Procedure Code Tables may not represent all codes available for that state procedure or that are managed by a specific client-organization.



#### Clinician Review

These clinical guidelines neither preempt clinical judgment of trained professionals nor advise anyone on how to practice medicine. Healthcare professionals using these clinical guidelines are responsible for all clinical decisions based on their assessment. All Clinical Reviewers are instructed to apply clinical indications based on individual patient assessment and documentation, within the scope of their clinical license.

#### **Payment**

The use of these clinical guidelines does not provide authorization, certification, explanation of benefits, or guarantee of payment; nor do the guidelines substitute for, or constitute, medical advice. Federal and State law, as well as member benefit contract language (including definitions and specific contract provisions/exclusions) take precedence over clinical guidelines and must be considered first when determining eligibility for coverage. All final determinations on coverage and payment are the responsibility of the health plan. Nothing contained within this document can be interpreted to mean otherwise.

#### Registered Trademarks (®/™) and Copyright (©)

All trademarks, product names, logos, and brand names are the property of their respective owners and are used for purposes of information and/or illustration only. Current Procedural Terminology (CPT) $\mathbb{R}^{\text{TM}}$  is a registered trademark of the American Medical Association (AMA). No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from HealthHelp.

