

2025 Prostatectomy

Surgical Services

SURG-PROSTATE-HH
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Prostatectomy

Clinical Judgment

These medical policies are designed to provide clinical guidance and do not supplant a provider’s independent professional judgment. Physicians retain full and independent authority to determine appropriate care based on each patient’s individual clinical circumstances. Although services may be subject to documentation requirements, medical necessity review, or coverage limitations, nothing in this policy is intended to restrict or interfere with a physician’s independent medical judgment.

Prostatectomy Guideline

A prostatectomy is considered medically appropriate when the documentation demonstrates **ALL** 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 health plan.*

1. **ALL** of the following:
 - a. Life expectancy greater than or equal to 10 years
 - b. No distant metastases
2. **ANY** of the following:
 - a. Prostate cancer, localized, that can be completely excised surgically and **NOT** on an active surveillance program
 - b. Salvage therapy for local recurrence after brachytherapy, cryotherapy, or external beam radiation (EBRT)

References: [5] [1] [3] [2] [4] [6]

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

CODE	DESCRIPTION
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
55868	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed; with lymph node biopsy(ies) (limited pelvic lymphadenectomy)
55869	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes

Prostatectomy Summary of Changes

Prostatectomy guideline in 2025 had the following changes:

Table 1. 2025 Prostatectomy Summary of Changes

Date	Type of Change	Summary
10/06/2025	Annual Review	<ul style="list-style-type: none"> Citations updated per the evidence. Evidence reviewed and indications remained the same.

Prostatectomy Definitions

Active surveillance program is a strategy, particularly in cancer care, where a patient's condition is closely monitored without immediate treatment, but with a plan to intervene if the condition worsens or shows signs of progression. It's essentially a form of expectant management with curative intent, aiming to avoid or delay the potential side effects of more aggressive treatments like surgery or radiation therapy.

Benign prostatic hyperplasia (BPH) also known as enlarged prostate, is a non-cancerous enlargement of the prostate gland that occurs in men as they age. It is the most common prostate problem in older men. The enlarged prostate can compress the urethra, the tube that carries urine from the bladder, leading to various urinary symptoms.

Brachytherapy is a form of radiation therapy, which utilizes a radioactive source placed in or in close proximity to the tumor. It can be done by placing the radioactive source on the surface of the body or within a body cavity depending on the area to be treated. Temporary brachytherapy places a delivery device, such as a catheter, needle, or applicator into the tumor. Medical imaging helps position the radiation sources. The doctor may insert the delivery device into a body cavity such as the vagina or uterus (intracavitary). Or, the doctor may insert an applicator (needle or catheter) into body tissues (interstitial). High dose-rate (HDR) treatments deliver radiation over 10 to 20 minutes per session. Low dose-rate (LDR) treatments deliver radiation over 20 to 50 hours. Pulsed dose-rate (PDR) treatments deliver radiation in periodic pulses.

Cryotherapy, also known as cold therapy, is a medical treatment that uses extreme cold to freeze and destroy abnormal tissue, such as tumors or precancerous cells. It can also refer to the application of cold modalities like ice packs or cold compresses to reduce inflammation and pain.

Distant metastases refers to the spread of cancer cells from the original (primary) tumor to distant organs or tissues, far from the initial site. This process is also known as metastatic cancer, and it typically signifies that the cancer has advanced to Stage IV.

External beam radiation therapy (EBRT) is a cancer treatment that uses high-energy radiation beams from a machine outside the body to target and destroy cancer cells. This therapy is local, meaning it focuses on a specific area of the body where the cancer is located. It's a common treatment for various cancers and can be used alone, in combination with other treatments like surgery or chemotherapy, or to help relieve pain.

Localized prostate cancer refers to cancer that is contained within the prostate gland and has not spread to other parts of the body. This stage is also known as early-stage or organ-confined prostate cancer. It encompasses stages T1 and T2 in the TNM staging system.

Local recurrence refers to the reappearance of cancer cells at or near the same location as the original (primary) tumor, usually after a period of time where the cancer was not detectable. It differs from regional recurrence (in nearby lymph nodes) or distant recurrence (in other parts of the body).

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

Salvage therapy is treatment that is given after the cancer has not responded to other treatments.

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. (2023). 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.
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- [5] Sanhu, J.S., Bixler, B.R., . . . Dahm, P. (2024). Management of Lower Urinary Tract Symptoms Attributed to Benign Prostatic Hyperplasia: AUA Guideline. *The Journal of Urology*, 211(1), 1097.
- [6] Spratt, D.E., Srinivas, S., . . . Wong, J.K. (2026). Prostate Cancer Version 1.2026. *National Comprehensive Cancer Network*. Retrieved: September 2025. https://www.nccn.org/professionals/physician_gls/pdf/prostate.pdf

Disclaimer section

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



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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.

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National and Local Coverage Determination (NCD and LCD)



NOTICE

To ensure appropriate review occurs to the most current NCD and/or LCD, always defer to <https://www.cms.gov/medicare-coverage-database/search.aspx>.

Background

National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) are payment policy documents outlined by the Centers for Medicare and Medicaid Services (CMS) and the government's delegated Medicare Audit Contractors (MACs) that operate regionally in jurisdictions.

CMS introduced variation between different jurisdictions/Medicare Audit Contractors (MACs) and their associated covered code lists with the transition to ICD 10. The variation resulted in jurisdictions independently defining how codes are applied for exclusions, limitations, groupings, ranges, etc. for the medical necessity indications outlined in the NCD and LCD. Due to this variation, there is an inconsistent use/application of codes and coverage determinations across the United States between the different MACs.

In addition, **WITHOUT** notice, CMS can change the codes that indicate medical necessity and the format of the coverage determinations/associated documents (eg, Articles). This is an additional challenge for organizations to keep up with ongoing, unplanned changes in covered codes and medical necessity indications.



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Medical Necessity Codes

Due to the variation in code application between jurisdictions/MACs and that updates can happen without notification, HealthHelp is not able to guarantee full accuracy of the codes listed for any Coverage Determination, and advises that prior to use, the associated Coverage Determination Articles are reviewed to ensure applicability to HealthHelp's programs and any associated NCDs and LCDs.

For Internal Use Only:

11248 11249 11253 11282 11325 11328 11333 11349 11350 11351 11352 11354 11355 11356
11358 11359 11360 11361 11362 11365 11366 11367 11368 11369 11370 11374 11375 11394
11395 11396 11565