



BlueCross BlueShield
of New Mexico

If a conflict arises between a Clinical Payment and Coding Policy and any plan document under which a member is entitled to Covered Services, the plan document will govern. If a conflict arises between a CPCP and any provider contract pursuant to which a provider participates in and/or provides Covered Services to eligible member(s) and/or plans, the provider contract will govern. "Plan documents" include, but are not limited to, Certificates of Health Care Benefits, benefit booklets, Summary Plan Descriptions, and other coverage documents. Blue Cross and Blue Shield of New Mexico may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSNM has full and final discretionary authority for their interpretation and application to the extent provided under any applicable plan documents.

Providers are responsible for submission of accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing Editor, American Medical Association, Current Procedural Terminology, CPT® Assistant, Healthcare Common Procedure Coding System, ICD-10 CM and PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare and Medicaid Services National Correct Coding Initiative Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services/procedures billed. Claim submissions are subject to claim review including but not limited to, any terms of benefit coverage, provider contract language, medical policies, clinical payment and coding policies as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

Prostate Biopsy Specimen Analysis

Policy Number: CPCPLAB005

Version 1.0

Approval Date: 09/26/2025

Plan Effective Date: 01/03/2026

Description

The Plan has implemented certain lab management reimbursement criteria. Not all requirements apply to each product. Providers are urged to review Plan documents for eligible coverage for services rendered.

Reimbursement Information:

1. In the initial diagnosis of prostate cancer as a follow-up to abnormal PSA results, presence of a palpable nodule on digital rectal examination, or suspicious radiologic findings, pathological examination of tissue obtained from a prostate biopsy involving 12 core extended sampling (See **NOTE 1** below) **may be reimbursable**.
2. When the clinical suspicion of prostate cancer remains in an individual for whom an initial biopsy was negative for prostate cancer, pathological examination of tissue from a follow-up prostate biopsy (excluding prostate saturation biopsy) **may be reimbursable**.
3. Pathological examination of tissue obtained from a prostate saturation biopsy **is not reimbursable** for the diagnosis, staging and management of prostate cancer.

Note 1: One vial per sextant, with no more than two core samples per vial. Each vial, regardless of the number of cores enclosed, is considered a single specimen for billing purposes.

Procedure Codes

The following is not an all-encompassing code list. The inclusion of a code does not guarantee it is a covered service or eligible for reimbursement.

Codes
88305, G0416

References:

1. Taplin M-E, Smith J. Clinical presentation and diagnosis of prostate cancer - UpToDate. Updated March 22, 2024. <https://www.uptodate.com/contents/clinical-presentation-and-diagnosis-of-prostate-cancer>
2. Siegel RL, Kratzer TB, Giaquinto AN, Sung H, Jemal A. Cancer statistics, 2025. *CA Cancer J Clin*. Jan-Feb 2025;75(1):10-45. doi:10.3322/caac.21871

3. Bell KJ, Del Mar C, Wright G, Dickinson J, Glasziou P. Prevalence of incidental prostate cancer: A systematic review of autopsy studies. *International journal of cancer*. Oct 01 2015;137(7):1749-57. doi:10.1002/ijc.29538
4. Hoffman R, ., Preston M. Screening for prostate cancer. Updated Jun 18, 2025. <https://www.uptodate.com/contents/screening-for-prostate-cancer>
5. Gosselaar C, Roobol MJ, Roemeling S, Wolters T, van Leenders GJ, Schroder FH. The value of an additional hypoechoic lesion-directed biopsy core for detecting prostate cancer. *BJU international*. Mar 2008;101(6):685-90. doi:10.1111/j.1464-410X.2007.07309.x
6. Hodge KK, McNeal JE, Terris MK, Stamey TA. Random systematic versus directed ultrasound guided transrectal core biopsies of the prostate. *The Journal of urology*. Jul 1989;142(1):71-4; discussion 74-5.
7. Benway B, Andriole G. Prostate biopsy. Updated August 7, 2024. <https://www.uptodate.com/contents/prostate-biopsy>
8. Eichler K, Hempel S, Wilby J, Myers L, Bachmann LM, Kleijnen J. Diagnostic value of systematic biopsy methods in the investigation of prostate cancer: a systematic review. *The Journal of urology*. May 2006;175(5):1605-12. doi:10.1016/s0022-5347(05)00957-2
9. Pepe P, Aragona F. Saturation prostate needle biopsy and prostate cancer detection at initial and repeat evaluation. *Urology*. Dec 2007;70(6):1131-5. doi:10.1016/j.urology.2007.07.068
10. Thompson JE, Hayen A, Landau A, et al. Medium-term oncological outcomes for extended vs saturation biopsy and transrectal vs transperineal biopsy in active surveillance for prostate cancer. *BJU international*. Jun 2015;115(6):884-91. doi:10.1111/bju.12858
11. Zaytoun OM, Moussa AS, Gao T, Fareed K, Jones JS. Office based transrectal saturation biopsy improves prostate cancer detection compared to extended biopsy in the repeat biopsy population. *The Journal of urology*. Sep 2011;186(3):850-4. doi:10.1016/j.juro.2011.04.069
12. Brown LC, Ahmed HU, Faria R, et al. Multiparametric MRI to improve detection of prostate cancer compared with transrectal ultrasound-guided prostate biopsy alone: the PROMIS study. *Health technology assessment (Winchester, England)*. Jul 2018;22(39):1-176. doi:10.3310/hta22390
13. Sidana A, Watson MJ, George AK, et al. Fusion prostate biopsy outperforms 12-core systematic prostate biopsy in patients with prior negative systematic biopsy: A multi-institutional analysis. *Urologic oncology*. Jul 2018;36(7):341.e1-341.e7. doi:10.1016/j.urolonc.2018.04.002

14. Pepe P, Garufi A, Priolo GD, Galia A, Fraggetta F, Pennisi M. Is it Time to Perform Only Magnetic Resonance Imaging Targeted Cores? Our Experience with 1,032 Men Who Underwent Prostate Biopsy. *The Journal of urology*. Oct 2018;200(4):774-778. doi:10.1016/j.juro.2018.04.061
15. Pepe P, Pennisi M, Fraggetta F. How Many Cores Should be Obtained During Saturation Biopsy in the Era of Multiparametric Magnetic Resonance? Experience in 875 Patients Submitted to Repeat Prostate Biopsy. *Urology*. Mar 2020;137:133-137. doi:10.1016/j.urology.2019.11.016
16. Klotz L, Chin J, Black PC, et al. Comparison of Multiparametric Magnetic Resonance Imaging-Targeted Biopsy With Systematic Transrectal Ultrasonography Biopsy for Biopsy-Naive Men at Risk for Prostate Cancer: A Phase 3 Randomized Clinical Trial. *JAMA Oncol*. Apr 1 2021;7(4):534-542. doi:10.1001/jamaoncol.2020.7589
17. Lokeshwar SD, Nguyen J, Rahman SN, et al. Clinical utility of MR/ultrasound fusion-guided biopsy in patients with lower suspicion lesions on active surveillance for low-risk prostate cancer. *Urologic oncology*. Sep 2022;40(9):407.e21-407.e27. doi:10.1016/j.urolonc.2022.06.005
18. Pier Paolo A, Andrea P, Cesare S, et al. Enhanced diagnostic accuracy of micro-ultrasound in prostate cancer detection: An updated series from a single-center prospective study. *Urologic Oncology: Seminars and Original Investigations*. 2025;doi:10.1016/j.urolonc.2025.03.012
19. Bjurlin MA, Carter HB, Schellhammer P, et al. Optimization of initial prostate biopsy in clinical practice: sampling, labeling and specimen processing. *The Journal of urology*. Jun 2013;189(6):2039-46. doi:10.1016/j.juro.2013.02.072
20. Sanda MG, Cadeddu JA, Kirkby E, et al. Clinically Localized Prostate Cancer: AUA/ASTRO/SUO Guideline. Part II: Recommended Approaches and Details of Specific Care Options. *The Journal of urology*. Apr 2018;199(4):990-997. doi:10.1016/j.juro.2018.01.002
21. Bekelman JE, Rumble RB, Chen RC, et al. Clinically Localized Prostate Cancer: ASCO Clinical Practice Guideline Endorsement of an American Urological Association/American Society for Radiation Oncology/Society of Urologic Oncology Guideline. *Journal of Clinical Oncology*. 2018/11/10 2018;36(32):3251-3258. doi:10.1200/JCO.18.00606
22. Bjurlin MA, Carroll PR, Eggener S, et al. Update of the Standard Operating Procedure on the Use of Multiparametric Magnetic Resonance Imaging for the Diagnosis, Staging and Management of Prostate Cancer. *The Journal of urology*. Apr 2020;203(4):706-712. doi:10.1097/ju.0000000000000617

23. Wei JT, Barocas D, Carlsson S, et al. Early Detection of Prostate Cancer: AUA/SUO Guideline Part II: Considerations for a Prostate Biopsy. *The Journal of urology*. Apr 25 2023;101097ju00000000000003492. doi:10.1097/ju.00000000000003492
24. Feuer Z, Tan H-J, Nielsen ME. AUA SPOTLIGHT Advancing Diagnostic Excellence in Prostate Cancer: Insights From the Quality Summit on Prostate MRI. American Urological Association. Updated May 1, 2025. <https://auanews.net/issues/articles/2025/may-2025/aua-spotlight-advancing-diagnostic-excellence-in-prostate-cancer-insights-from-the-quality-summit-on-prostate-mri>
25. NCCN. NCCN Clinical Practice Guidelines in Oncology; Prostate Cancer Early Detection. NCCN. Updated March 11, 2025. v2. https://www.nccn.org/professionals/physician_gls/pdf/prostate_detection.pdf
26. NCCN. NCCN Clinical Practice Guidelines in Oncology; Prostate Cancer. Updated April 16, 2025. https://www.nccn.org/professionals/physician_gls/pdf/prostate.pdf
27. Coakley FV, Oto A, Alexander LF, et al. ACR Appropriateness Criteria((R)) Prostate Cancer-Pretreatment Detection, Surveillance, and Staging. *Journal of the American College of Radiology : JACR*. May 2017;14(5s):S245-s257. doi:10.1016/j.jacr.2017.02.026
28. Akin O, Woo S, Oto A, et al. ACR Appropriateness Criteria® Pretreatment Detection, Surveillance, and Staging of Prostate Cancer: 2022 Update. *Journal of the American College of Radiology*. 2023;20(5):S187-S210.
29. Wolf AM, Wender RC, Etzioni RB, et al. American Cancer Society guideline for the early detection of prostate cancer: update 2010. *CA Cancer J Clin*. Mar-Apr 2010;60(2):70-98. doi:10.3322/caac.20066
30. Smith RA, Andrews KS, Brooks D, et al. Cancer screening in the United States, 2019: A review of current American Cancer Society guidelines and current issues in cancer screening. *CA: A Cancer Journal for Clinicians*. 2019/05/01 2019;69(3):184-210. doi:10.3322/caac.21557
31. USPSTF. Screening for prostate cancer: US Preventive Services Task Force recommendation statement. *JAMA*. 2018;319(18):1901-1913. doi:10.1001/jama.2018.3710
32. Parker C, Castro E, Fizazi K, et al. Prostate Cancer: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up. *Annals of Oncology*. 2020;doi:10.1016/j.annonc.2020.06.011
33. EAU. Prostate Cancer. <https://uroweb.org/guidelines/prostate-cancer/panel>

Policy Update History:

Approval Date	Effective Date; Summary of Changes
09/26/2025	01/03/2026; Document updated with literature review. Reimbursement Information unchanged. The following was added to Note 1 for clarity on unit restrictions for prostate biopsy: "Each vial, regardless of the number of cores enclosed, is considered a single specimen for billing purposes." References revised.
10/30/2024	01/15/2025: Document updated with literature review. Reimbursement Information unchanged. References updated; some added, others revised.
02/01/2024	02/01/2024: Document updated with literature review. The following changes were made to Reimbursement information: Added "pathological examination of tissue obtained from a..." to all criteria. Removed 3D mapping from #1 and #3; removed codes 0443T, 55700, 55706. Title changed from Prostate Biopsies. References revised.
11/01/2023	11/01/2023: Document updated with literature review. Reimbursement statement 1 edited for clarity. Added #2: When the clinical suspicion of prostate cancer remains in an individual for whom an initial biopsy was negative for prostate cancer, follow-up biopsy (excluding prostate saturation biopsy) may be reimbursable. References revised.
11/1/2022	11/01/2022: New policy