



POLICY INFORMATION

Policy Number:	POL-PP-304 AHS – G2007 – Prostate Biopsy Specimen Analysis	Original Effective Date:	07/01/2025
Version Number:	001	Revision Date:	
Policy Status:	Active	Next Revision Date:	07/01/2026

NOTICE

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Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

PROVIDER/ENTITY IMPACTED

<input checked="" type="checkbox"/> PROFESSIONAL	<input checked="" type="checkbox"/> FACILITY	<input type="checkbox"/> DME	<input type="checkbox"/> AMBULATORY SURGERY	<input checked="" type="checkbox"/> LAB	<input type="checkbox"/> OTHER
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LINES OF BUSINESS IMPACTED

<input checked="" type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/> BLUE MEDICARE ADVANTAGE	<input checked="" type="checkbox"/> ACA QHP ¹	<input checked="" type="checkbox"/> SMALL GROUP ACA	<input checked="" type="checkbox"/> JAA ²	<input checked="" type="checkbox"/> FEP ³	<input type="checkbox"/> DENTAL
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¹ ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family ² JAA: Joint Administrative Account ³ FEP: Federal Employee Program

Disclaimer

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.



Description/Application

Prostate cancer is characterized by a malignancy of the small walnut-shaped gland that produces seminal fluid. This malignancy can present with a wide clinical range, from only being a microscopic, well-differentiated tumor that may never be clinically significant all the way to being an aggressive, high-grade cancer (Taplin & Smith, 2024).

Policy

Application of coverage criteria is dependent upon an individual’s benefit coverage at the time of the request.

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**.

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**.

Pathological examination of tissue obtained from a prostate saturation biopsy or **may not be 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.

Coding

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.

Code	Description
88305	Level IV - Surgical pathology, gross and microscopic examination, Prostate, needle biopsy Prostate
G4016	Neurosurgical MIPS specialty set

References and Resources

Avalon Medical Policy AHS – G2007 – Prostate Biopsy Specimen Analysis

Related Documents

Policy Number	Policy Title
AHS-	Prostate Specific Antigen (PSA) Testing
AHS-	Testosterone
AHS-	Liquid Biopsy
AHS-	Serum Tumor Markers for Malignancies
AHS-	Gene Expression Profiling and Protein Biomarkers for Prostate Cancer Management



Revision History		
Version	Date	Summary of Revisions
001	06/01/2025	Initial version