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SHP High Intensity Focused Ultrasound (HIFU)

AUTH: SHP Imaging 10 v3 (AC)

MCG Health
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[Link to Codes](#)

- [Coverage](#)
- [Application to Products](#)
- [Authorization Requirements](#)
- [Description of Item or Service](#)
- [Exceptions and Limitations](#)
- [Clinical Indications for Procedure](#)
- [Document History](#)
- [Coding Information](#)
- [References](#)
- [Codes](#)

Coverage

[Return to top of SHP High Intensity Focused Ultrasound \(HIFU\) - AC](#)

See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.

Application to Products

[Return to top of SHP High Intensity Focused Ultrasound \(HIFU\) - AC](#)

Policy is applicable to all products.

Authorization Requirements

[Return to top of SHP High Intensity Focused Ultrasound \(HIFU\) - AC](#)

- Pre-certification by the Plan is required for all plans.

Description of Item or Service

[Return to top of SHP High Intensity Focused Ultrasound \(HIFU\) - AC](#)

High Intensity Focused Ultrasound applies focused ultrasound waves to specific areas of tissue to induce tissue destruction without affecting surrounding or intervening tissues.

Exceptions and Limitations

[Return to top of SHP High Intensity Focused Ultrasound \(HIFU\) - AC](#)

- There is insufficient scientific evidence to support the medical necessity of the following services as they are not shown to improve health outcomes upon technology review:
 - High-intensity focused ultrasound (HIFU) ablation for the treatment for Benign Prostatic Hyperplasia (BPH)
 - Transrectal high-intensity focused ultrasound for Benign Prostatic Hyperplasia (BPH)
 - Transrectal electrothermal hyperthermia high-intensity focused ultrasound for Benign Prostatic Hyperplasia (BPH)
- There is insufficient scientific evidence to support the medical necessity of High Intensity Focused Ultrasound (HIFU) for uses other than those listed in the clinical indications for procedure section.

Clinical Indications for Procedure

[Return to top of SHP High Intensity Focused Ultrasound \(HIFU\) - AC](#)

- High Intensity Focused Ultrasound is considered medically necessary for individuals with prostate cancer and **ALL** of the following :
 - Individual with **1 or more** of the following:
 - Prostate-specific antigen (PSA) persistence

- Prostate-specific antigen (PSA) recurrence
- Positive digital rectal exam
- Positive transrectal ultrasound (TRUS) biopsy
- All studies negative for metastasis
- High Intensity Focused Ultrasound is **NOT COVERED** for **ANY** of the following:
 - High-intensity focused ultrasound (HIFU) ablation for the treatment for Benign Prostatic Hyperplasia
 - Transrectal high-intensity focused ultrasound for Benign Prostatic Hyperplasia
 - Transrectal electrothermal hyperthermia high-intensity focused ultrasound for Benign Prostatic Hyperplasia

Document History

[Return to top of SHP High Intensity Focused Ultrasound \(HIFU\) - AC](#)

- Revised Dates:
 - 2022: July
 - 2020: August
 - 2019: October
- Reviewed Dates:
 - 2022: June
 - 2021: August
 - 2019: April
 - 2018: February
 - 2017: March
- Effective Date: January 2014

Coding Information

[Return to top of SHP High Intensity Focused Ultrasound \(HIFU\) - AC](#)

- CPT/HCPCS codes covered if policy criteria is met:
 - CPT 55880 - Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance
- CPT/HCPCS codes considered not medically necessary per this Policy:
 - None

References

[Return to top of SHP High Intensity Focused Ultrasound \(HIFU\) - AC](#)

References used include but are not limited to the following:

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Codes

[Return to top of SHP High Intensity Focused Ultrasound \(HIFU\) - AC](#)

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