Nerve Graft in Association with Radical Prostatectomy

Effective Date: 05/01/06  
Next Review Date: 03/13

Preauthorization: No  
Review Dates: 03/07, 05/08, 05/09, 03/10, 03/11, 03/12

The following Protocol contains medical necessity criteria that apply for this service. It is applicable to Medicare Advantage products unless separate Medicare Advantage criteria are indicated. If the criteria are not met, reimbursement will be denied and the patient cannot be billed. Preauthorization is not required but is recommended if, despite this Protocol position, you feel this service is medically necessary; supporting documentation must be submitted to Use Management.* Please note that payment for covered services is subject to eligibility and the limitations noted in the patient’s contract at the time the services are rendered.

Description

Nerve grafting to replace cavernous nerves resected at the time of radical prostatectomy is proposed to reduce the risk of erectile dysfunction after this surgery. The sural nerve is most commonly used in grafting. Erectile dysfunction is a common problem after radical prostatectomy. In particular, spontaneous erections are usually absent in patients whose extent of prostate cancer requires bilateral resection of the neurovascular bundles as part of the radical prostatectomy procedure. A variety of noninvasive treatments are available, including vacuum constriction devices and intracavernosal injection therapy. However, spontaneous erectile activity is preferred by patients. Studies have reported results from bilateral nerve grafts; there are also reports of unilateral grafts when only one neurovascular bundle has been resected.

There has been interest in sural nerve grafting to replace cavernous nerves resected at the time of prostatectomy. The sural nerve is considered expendable and has been used extensively in other nerve grafting procedures, such as brachial plexus and peripheral nerve injuries. As applied to prostatectomy, a portion of the sural nerve is harvested from one leg and then anastomosed to the divided ends of the cavernous nerve. Reports are also being published using other nerves, such as the genitofemoral nerve.

Corporate Medical Guideline

Unilateral or bilateral nerve graft is considered investigational in patients who have undergone resection of one or both neurovascular bundles as part of a radical prostatectomy.

Services that are the subject of a clinical trial do not meet our Technology Assessment Protocol criteria and are considered investigational. For explanation of experimental and investigational, please refer to the Technology Assessment Protocol.

It is expected that only appropriate and medically necessary services will be rendered. We reserve the right to conduct prepayment and postpayment reviews to assess the medical appropriateness of the above-referenced procedures. Some of this Protocol may not pertain to the patients you provide care to, as it may relate to products that are not available in your geographic area.
References

We are not responsible for the continuing viability of web site addresses that may be listed in any references below.


