SHP Benign Prostatic Hypertrophy Treatments as an Alternative to Transurethral Resection of the Prostate (TURP)

MCG Health
Ambulatory Care
26th Edition

AUTH: SHP Surgical 83 v5 (AC)

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Coverage

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

Application to Products

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Policy is applicable to all products.

Authorization Requirements

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Pre-certification by the Plan is required.

Description of Item or Service

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Benign Prostatic Hypertrophy BPH Treatments are drug therapy or surgical intervention procedures that decrease the size of the prostate used as an Alternative to Transurethral Resection of the Prostate (TURP).

Exceptions and Limitations

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- 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:
    - Absolute ethanol injection (transurethral)
    - Botulinum toxin
    - Endoscopic balloon dilation of the prostate
    - Plasma kinetic vaporization (PlasmaKinetic Tissue Management System, Gyrus,)
    - Prostate artery embolization
    - Repeat Transurethral microwave thermotherapy (TUMT)
    - Water-induced thermotherapy (hot-water balloon thermoablation)
- There is insufficient scientific evidence to support the medical necessity of benign prostatic hypertrophy treatments for uses other than those listed in the clinical indications for procedure section.

Clinical Indications for Procedure

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- Benign Prostatic Hypertrophy Treatments are considered medically necessary for individuals with **ALL** of the following:
    - Severe symptoms that cause discomfort, interfere with daily activities, or threaten health with **1 or more** of the following:
        - Individual has failed or has contraindications to medical therapy
        - Individual wants an alternative to transurethral resection of the prostate
    - Treatment to include **1 or more** of the following:
        - Alpha adrenergic blockers
        - Contact laser ablation of the prostate (CLAP)
        - Cryosurgical Ablation
        - Holmium laser procedures of the prostate (HoLAP, HoLEP, HoLRP)
        - Hormonal manipulation (including finasteride)
        - Laser prostatectomy
        - Photo selective laser vaporization of the prostate (PVP)
        - Prostatic urethral lift (UroLift)
        - Salvage Cryosurgery of Prostate after Radiation Failure for **ALL** of the following

        - Individual has failed a trial of radiation therapy as their primary treatment
        - Individual with **1 or more** of the following
            - Stage T2B or below
            - Gleason score <9
            - PSA <8 ng/mL
    - Transurethral electrovaporization (TUVP)
    - Transurethral incision
    - Transurethral microwave thermotherapy (TUMT) for **ALL** of the following:
        - Individual has symptomatic benign prostatic hyperplasia (BPH)
        - Individual has failed or is not a candidate for medical therapy
        - Individual wishes to avoid more invasive therapies such as transurethral resection of the prostate (TURP)
    - Transurethral needle ablation (TUNA)
    - Transurethral ultrasound guided laser induced prostatectomy (TULIP)
    - Transurethral Waterjet Ablation of the Prostate may be covered for **ALL** of the following
        - Lower urinary tract symptoms attributable to benign prostatic hyperplasia (LUTS/BPH)
        - LUTS/BPH not previously treated with fluid jet system
        - Age ≤ 80 years
        - Prostate volume of 30 cc to 150 cc by transrectal ultrasound
        - Persistent moderate to severe symptoms despite maximal medical management, including **ALL** of the following
            - International Prostate Symptom Score (IPSS) ≥ 12
            - Maximum urinary flow rate (Qmax) of ≤ 15 mL/s (voided volume greater than 125 cc)
            - Failure, contraindication, or intolerance to at least 3 months of conventional medical therapy for LUTS/BPH (eg, alpha blocker, PDE5 inhibitor, finasteride/dutasteride)
        - Waterjet system is FDA approved/cleared
    - Ultrasonic aspiration
    - UroLume endourethral prosthesis for permanent use with **1 or more** of the following:
        - Individuals 60 years of age or older
        - Individuals under 60 years of age who are poor surgical candidates with a prostate at least 2.5 centimeters in length
        - Individuals with recurrent bulbar urethral stenoses/strictures when previous therapeutic approaches such as dilation, urethrotomy, or urethroplasty have failed
    - Visually guided laser ablation of the prostate (VLAP)
    - Water vapor thermal therapy (e.g., Rezūm System)
- Benign Prostatic Hypertrophy treatments are **NOT COVERED** for **ANY** of the following:
    - Absolute ethanol injection (transurethral)
    - Botulinum toxin
    - Endoscopic balloon dilation of the prostate
    - Plasma kinetic vaporization (PlasmaKinetic Tissue Management System, Gyrus,)
    - Prostate artery embolization
    - Repeat Transurethral microwave thermotherapy (TUMT)
    - Water-induced thermotherapy (hot-water balloon thermoablation)

Document History

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- Revised Dates:
    - 2021: March
    - 2020: April
    - 2019: October
    - 2016: January
    - 2015: March, April, July, October
    - 2013: March, June
    - 2012: February
    - 2011: February
    - 2010: February
- Reviewed Dates:
    - 2023: March
    - 2022: March
    - 2019: February
    - 2018: November
    - 2017: December
    - 2016: March
    - 2014: April
    - 2009: February
- Effective Date: March 2008

Coding Information

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- CPT/HCPCS codes covered if policy criteria is met:
    - CPT 0421T - Transurethral waterjet ablation of prostate, including control of post-operative bleeding, including ultrasound guidance, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included when performed)
    - CPT 52282 - Cystourethroscopy, with insertion of permanent urethral stent
    - CPT 52441 - Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant
    - CPT 52442 - Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)
    - CPT 52450 - Transurethral incision of prostate

- CPT 52601 - Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)
- CPT 52647 - Laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included if performed)
- CPT 52648 - Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)
- CPT 52649 - Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)
- CPT 53850 - Transurethral destruction of prostate tissue; by microwave thermotherapy
- CPT 53852 - Transurethral destruction of prostate tissue; by radiofrequency thermotherapy
- CPT 53854 - Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy
- CPT 55873 - Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)

- CPT/HCPCS codes considered not medically necessary per this Policy:
  - CPT 37242 - Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)
  - CPT 37243 - Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction
  - CPT 53855 - Insertion of a temporary prostatic urethral stent, including urethral measurement
  - CPT 53899 - Unlisted procedure, urinary system

References

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References used include but are not limited to the following:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; Uptodate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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Benign Prostatic Hypertrophy (BPH). (2023). Retrieved Jan 17, 2023, from HAYES: https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522prostate%2522,%2522title%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%257B%2522page%2522:0,%2522size%2522:50%257D,%2522type%2522:%2522all%2522,%2522sources%2522:%255B%25

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Codes

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CPT® : 0421T, 37242, 37243, 52282, 52441, 52442, 52450, 52601, 52647, 52648, 52649, 53850, 53852, 53854, 53855, 53899, 55873