Benign Prostatic Hyperplasia (BPH) Treatments

LOB(s):	State(s):
☒ *Commercial* ☒ *Medicare*	☒ *Idaho* ☒ *Montana* ☒ *Oregon* ☒ *Washington* ☐ *Other:*
☒ *Medicaid*	☒ *Oregon* ☐ *Washington*

Enterprise Policy

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determinations are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

Background

Benign Prostatic Hyperplasia (BPH) is a noncancerous increase in size of the prostate gland. The enlarged prostate gland presses against the urethra. BPH can lead to symptoms like frequent urination, trouble starting to urinate, weak stream, inability to urinate, or loss of bladder control. BPH is treated with lifestyle changes, medication, and surgery (transurethral resection of the prostate (TURP). Alternative available treatment options include the prostatic urethral lift (PUL), the Rezum system, and AquaBeam® system.

The prostatic urethral lift (PUL) procedure is used to treat the symptoms of benign prostatic hyperplasia (BPH). The prostatic urethral lift procedure involves placement of 1 or more implants in the lateral lobes of the prostate using a transurethral delivery device. The implant (s) separate enlarged prostate lobes to reduce pressure on the urethra to allow for an easier urine flow.

The Rezum System procedure is a transurethral treatment for benign prostatic hyperplasia (BPH). This procedure is intended to relieve symptoms, obstructions, and reduce prostate tissue associated with benign prostrate hyperplasia (BPH). The Rezum System utilizes convective radiofrequency water vapor energy to ablate the hyperplastic tissue of the prostate.

The AquaBeam® System (waterjet tissue ablation) is a minimally invasive medical device that is controlled with electromechanical precision and live ultrasound which delivers a high-velocity saline stream to ablate prostatic glandular tissue without the production of heat. The AquaBeam® system consists of three components: a single-use probe, a robotic hand piece, and a console. The AquaBeam® probe is attached to the hand piece and inserted in the urethra; cystoscopic visualization is available continuously during the procedure. After mapping the desired tissue to be ablated, high-velocity sterile saline is delivered to the prostate tissue via the AquaBeam probe, which also provides a

channel for aspiration of ablated tissue during the procedure. After excision of tissue from the prostate, the jet's pressure is reduced so that it can be used to carry a laser light beam to cauterize the excised area. The aim is to reduce the heat damage to adjacent tissue that is commonly seen in other available interventions.

Criteria

Commercial

Prior authorization is required.

I. Prostatic Urethral Lift

PacificSource considers coverage of prostatic urethral lift (PUL), using an FDA approved device, for the treatment of lower urinary tract symptoms (LUTS) due to BPH to be medically necessary when **ALL** of the following criteria is met:

- **A.** Age 45 years or older
- **B.** Prostate volume is not greater than 100 mL based on ultrasound imaging
- **C.** Median lobe of prostate is not obstructed
- **D.** Peak flow rate (Qmax) is less than or equal to 12 mL/second
- **E.** Intolerance to or failure of medication management (3 month or longer) for treatment of BPH symptoms (e.g., alpha blockers, PDE5 Inhibitor, finasteride, dutasteride)
- **F.** Lower urinary tract symptoms, to including **ANY** of the following:
  1. urinary frequency
  2. urgency
  3. nocturia
  4. weak stream
  5. straining
  6. intermittency

II. Transurethral Water Vapor Therapy

PacificSource considers coverage of a transurethral water vapor therapy procedure (e.g., Rezum system procedure), for lower urinary tract symptoms (LUTS) associated with Benign Prostatic Hyperplasia (BPH) medically necessary when **ALL** the following criteria have been met:

One treatment for LUTS/BPH is covered in patients with **BOTH** of the following:

- **A.** Age greater than or equal to 50
- **B.** Symptomatic despite maximal medical management including **ALL** of the following:
  1. International Prostate Symptom Score (IPSS) ≥13
  2. Maximum urinary flow rate (Qmax) of ≤15 mL/s (voided volume no greater than 125 mL)

3. Intolerance to or failure of medication management (3 month or longer) for treatment of BPH symptoms (e.g., alpha blockers, PDE5 Inhibitor, finasteride, dutasteride)
4. Prostate gland volume is estimated to be ≥30 to ≤ 100 mL (or grams in weight) by clinical or ultrasound assessment

III. Waterjet Tissue Ablation

PacificSource considers coverage of Waterjet Tissue Ablation (e.g., AquaBeam® System) to be medically necessary for treatment of lower urinary tract symptoms (LUTS) secondary to Benign Prostatic Hyperplasia (BPH) when **ALL** of the following criteria is met:

A. Prostate gland volume is less than or equal to 80 mL based on ultrasound imaging

B. International Prostate System Score (PPSS) ≥ 13

C. Intolerance to or failure of medication management (3 month or longer) for treatment of BPH symptoms (e.g., α1-adrenergic antagonists, 5α-reductase inhibitors, or combination medication therapy)

Medicaid

PacificSource Community Solutions (PCS) follows Guideline Note 145 of the OHP Prioritized List of Health Services for coverage of Benign Prostatic Hyperplasia (BPH) Treatments and Guideline Note 173 of the OHP Prioritized List of Health Services for HCPCS codes 53855 and C7969 to have insufficient evidence of effectiveness.

Medicare

PacificSource Medicare follows Local Coverage Determination (LCD) L38707 for coverage of Transurethral Waterjet Ablation of the Prostrate.

PacificSource Medicare follows CMS guidelines and criteria. In the absence of CMS guidelines and criteria, PacificSource Medicare will follow internal policy for determination of coverage and medical necessity.

Experimental/Investigational/Unproven

PacificSource considers the use of temporary removable or biodegradable prostatic urethral stents to be experimental, investigational, and unproven.

PacificSource considers Prostate Arterial Embolization (PAE) (Transcatheter Embolization) for treatment of Benign Prostate Hyperplasia to be experimental, investigational, and unproven.

PacificSource does considers Waterjet Tissue Ablation to be experimental, investigational, and unproven. for other indications.

Coding Information

The following list of codes are for informational purposes only and may not be all-inclusive.
Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

0421T	Transurethral waterjet ablation prostate control post-op bleeding including US guide/complete (vasect/meatotomy/cystourethro/urethral calibration/dilation & internal urethrot)
0582T	Transurethral ablation of malignant prostate tissue by high-energy water vapor thermotherapy, including intraoperative imaging and needle guidance
37242	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary
52441	Cystourethroscopy with transurethral resection or incision of ejaculatory ducts
52442	Each additional permanent adjustable transprostatic implant.
53854	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy
53855	Insertion of a temporary prostatic urethral stent, including urethral measurement
53899	Unlisted procedure, urinary system
55899	Unlisted procedure, male genital system
75894	Transcatheter therapy, embolization, any method, radiological supervision, and interpretation
C2596	Probe, image guided, robotic, waterjet ablation
C9739	Cystourethroscopy, with insertion of transprostatic implant; 1 to 3 implants
C9740	Cystourethroscopy, with insertion of transprostatic implant; 4 or more implants
C9769	Cystourethroscopy, with insertion of temporary prostatic implant/stent with fixation/anchor and incisional struts

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Appendix

Policy Number:

Effective: 12/31/2020 **Next review:** 4/1/2024

Policy type: Enterprise

Author(s):

Depts: Health Services

Applicable regulation(s): LCD L38707, LCD L37808, and Guideline Note 145 of the OHP Prioritized List of Health Services

Commercial Ops: 11/2023

Government Ops: 11/2023