

Benign Prostatic Hyperplasia (BPH) Treatments



Medical Coverage Policy

Effective Date: 10/01/2020
Revision Date: 10/01/2020
Review Date: 01/28/2020
Policy Number: HCS-0459-027

Page: 1 of 19

Change Summary: Updated Provider Claims Codes

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

Disclaimer
Description
Coverage Determination
Background

Medical Alternatives
Provider Claims Codes
Medical Terms
References

Disclaimer

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, take precedence over clinical policy and must be considered first in determining eligibility for coverage. Coverage may also differ for our Medicare and/or Medicaid members based on any applicable Centers for Medicare & Medicaid Services (CMS) coverage statements including National Coverage Determinations (NCD), Local Medical Review Policies (LMRP) and/or Local Coverage Determinations. Refer to the [CMS website](#). The member's health plan benefits in effect on the date services are rendered must be used. Clinical policy is not intended to preempt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test or procedure over another. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying or otherwise, without permission from Humana.

Description

Benign prostatic hyperplasia (BPH) is caused by the abnormal growth of benign (noncancerous) prostate cells which enlarge the prostate gland. The gland may push against the bladder and urethra, causing lower urinary tract symptoms (LUTS) that include increased frequency of urination, hesitancy, nocturia (urinating at night), urgency and weak urinary stream. These symptoms typically appear slowly and progress gradually over time. The likelihood of being affected by BPH increases with age and is common in males over 50 years of age.

The presence of BPH is not an established risk factor for prostate cancer.⁴⁵ Because there is no cure for BPH, treatment focuses on reducing the symptoms. Early nonsurgical treatment options include, but may not be limited to, the following:

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

- Avoidance of fluids prior to bedtime or before going out
- Avoidance of medications that can exacerbate symptoms or induce urinary retention
- Double voiding to ensure complete bladder emptying
- Prescription medication
- Reducing consumption of mild diuretics such as caffeine and alcohol
- Watchful waiting

If symptoms worsen, other treatment options include, but may not be limited to, the following:

Minimally Invasive Therapies

Transurethral electrical vaporization of the prostate (TUEVP, TUVF, TVP) or transurethral vapor resection (TUVRP), is performed using a grooved roller-ball electrode with a large surface area that uses a cutting current. During the procedure, the ball is rolled over the prostate tissue multiple times to vaporize the tissue to the desired depth.

Transurethral microwave thermotherapy (TUMT) heats the prostate using a microwave antennae mounted on a urethral catheter. The catheter is inserted into the urethra where low-energy or high-energy microwave heat destroys excess prostate tissue.

Transurethral needle ablation (TUNA) or radiofrequency needle ablation (RFNA) uses low-level radiofrequency energy to treat the prostate. Using a cystoscope-like device, inserted through the urethra, twin needles are placed on either side of the prostate. Each needle emits radiofrequency energy that burns away a defined region of the prostate while shielding the urethra from heat. TUNA using water vapor (ie, Rezūm System) delivers sterile water vapor (steam) transurethrally directly into hyperplastic tissue. Heat is released as the vapor condenses, causing cell death.

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

Surgical Treatments

Open or laparoscopic prostatectomy is performed when the prostate is greatly enlarged, when there are other complicating factors or if the bladder has been damaged and needs repair. In this procedure, an incision is made in the lower abdomen or perineum and the enlarged tissue is removed from the gland. Anesthesia and hospitalization are required.

Transurethral incision of the prostate (TUIP) does not remove prostate tissue. The urethra is widened by making several small cuts into the prostate and the neck of the bladder where the urethra and the bladder join. This reduces the pressure on the urethra and makes urination easier. TUIP is utilized when the prostate is not greatly enlarged.

Transurethral resection of the prostate (TURP) has long been considered the gold standard for BPH treatment. TURP requires anesthesia, but no external incision. The physician inserts a resectoscope through the urethra to deliver fluids to the prostate during the procedure. The resectoscope uses an electrical loop to cut and vaporize tissue and seal blood vessels. The excised tissue is carried to the bladder and flushed out of the body by irrigation fluids.

Laser Therapy

Laser therapy is minimally invasive and uses laser generated heat to vaporize or coagulate obstructing prostate tissue. The device is passed through the urethra to the prostate using a cystoscope to deliver bursts of energy which destroy and shrink the prostate tissue. There are several types of lasers that can be used to treat the prostate: neodymium:yttrium-aluminum-garnet (Nd:YAG), potassium-titanyl-phosphate (KTP), holmium:yttrium-aluminum-garnet (Ho:YAG), thulium:yttrium-aluminum-garnet (Tm:YAG), lithium borate:yttrium-aluminum-garnet (LBO:YAG) and diode.^{25, 32} Laser surgery results in little blood loss. Types of laser therapy include, but may not be limited to, the following:

- **Contact laser ablation of the prostate (CLAP)**
- **Holmium laser ablation/enucleation/resection (HoLAP, HoLEP, HoLRP)**
- **Interstitial laser coagulation (ILC)**
- **Noncontact visual ablation (VLAP)**
- **Photoselective vaporization of the prostate (PVP)**
- **Thulium laser enucleation of the prostate (ThuLEP)**

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

Stents

Permanent urethral stent (ie, UroLume) placement for treating BPH is generally considered only for men who are poor surgical candidates or those who are not candidates for other types of interventions. Stents are placed into the urethra and expanded to relieve the obstruction. Complications associated with stents include bladder calculi, chronic pain, encrustation and infection.

Temporary (removable or biodegradable) prostatic urethral stents (ie, iTind) perform in a similar manner and function but do not remain in the body permanently. **(Refer to Coverage Limitations section)**

Additional Therapies

Absolute ethanol injection into the prostate is a technique theorized to cause coagulation necrosis (chemoablation), which destroys the tissue. **(Refer to Coverage Limitations section)**

Botulinum toxin (please refer to Botox [Botulinum Toxin]) Pharmacy Coverage Policy).

Cryosurgical ablation, also known as cryotherapy or cryosurgery, proposes the use of extreme cold temperatures by liquid nitrogen or argon gas to destroy tissue. When used internally, the liquid nitrogen or argon gas is circulated through a cryoprobe which freezes the surrounding cells. After the destroyed cells thaw, they are absorbed by the body. **(Refer to Coverage Limitations section)**

High-intensity focused ultrasound (HIFU) is the use of imaging ultrasound to deliver targeted high-intensity ultrasound that rapidly elevates the temperature in a precise focal zone. The increased tissue temperature is suggested to kill excess prostate tissue. Ablatherm, Sonablate and TULSA-PRO system are examples of US Food and Drug Administration (FDA) approved high-intensity ultrasound systems. **(Refer to Coverage Limitations section)**

Plasma kinetic vaporization (PKVP) or button procedure proposes the use of two mutually isolated electrodes (active and return) to form a complete circuit with the tissue lying between them. The electrical conduction path is formed by a saline irrigant. Radiofrequency energy is used to convert the conductive medium into a plasma field, which vaporizes tissue upon contact. A resectoscope, an instrument

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

that contains the electrodes and is equipped with a wide-angle telescope, is passed retrograde through the urethra to the prostate. **(Refer to Coverage Limitations section)**

Prostate artery embolization aims to reduce the blood supply to the prostate gland causing tissue death and subsequent shrinkage. The procedure is performed using a percutaneous transfemoral approach with microcatheters introducing embolization agents such as polyvinyl alcohol (PVA), gelatin sponge and other synthetic biocompatible materials which expand once delivered within the artery, blocking blood flow. Embosphere Microspheres and SwiftNINJA are examples of FDA approved methods. **(Refer to Coverage Limitations section)**

Prostatic Urethral Lift (PUL) is an implantable transprostatic tissue retractor system consisting of a delivery device inserted through the urethra, which then deploys an implant through the prostate. Implant increases urethral patency by providing prostate lobe tissue retraction while preserving the potential for future procedures. An example of a FDA approved device is the NeoTract UroLift System.

Transrectal thermotherapy purportedly heats the prostate using a catheter inserted into the rectum. Various types of energy, such as microwave, radiofrequency or electrothermal, are delivered via the catheter to heat and thereby destroy excess prostate tissue. **(Refer to Coverage Limitations section)**

Transurethral balloon dilatation involves the insertion of a balloon catheter through the urethra into the prostatic urethra where it is inflated, theoretically pushing back prostate tissue and stretching the urethra where it has been narrowed by the prostate. An example of this includes, but may not be limited to the Optilume Basic. **(Refer to Coverage Limitations section)**

Transurethral ultrasound guided laser induced prostatectomy (TULIP) is similar to transurethral incision of the prostate (TUIP) except that cuts are made with a laser. Laser energy is delivered under ultrasound guidance, producing tissue necrosis. **(Refer to Coverage Limitations section)**

Water induced thermotherapy (WIT) purportedly combines compression and high temperature to kill and shrink prostatic tissue surrounding the urethra. A heat-transmitting balloon catheter full of heated water (60 degrees Celsius) is introduced

Benign Prostatic Hyperplasia (BPH) Treatments

Effective Date: 10/01/2020

Revision Date: 10/01/2020

Review Date: 01/28/2020

Policy Number: HCS-0459-027

Page: 6 of 19

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

into the urethra, destroying prostate tissue. WIT may be carried out in a physician's office or clinic with minimal local anesthetic. **(Refer to Coverage Limitations section)**

Water jet tissue resection (ie, AquaBeam) is an endoscopic tissue ablation device intended to resect the prostate. The system is guided robotically using transrectal ultrasound imaging enabling the removal of the enlarged prostate tissue using a pressurized fluid jet.

Coverage Determination

Please refer to the member's applicable pharmacy benefit to determine benefit availability and the terms and conditions of coverage for medication for the treatment of BPH.

Humana members may be eligible under the Plan for **BPH treatment** using the following methods when nonsurgical management has failed:

- Laparoscopic or open prostatectomy; **OR**
- Laser therapies, including the following:
 - Contact laser ablation of the prostate (CLAP); **OR**
 - Holmium laser ablation/enucleation/resection (HoLAP, HoLEP, HoLRP); **OR**
 - Interstitial laser coagulation (ILC); **OR**
 - Noncontact visual ablation (VLAP); **OR**
 - Photoselective vaporization of the prostate (PVP); **OR**
 - Thulium laser enucleation of the prostate (ThuLEP); **OR**
- Permanent urethral stent (ie, UroLume); **OR**
- Prostatic urethral lift (PUL) (ie, NeoTract UroLift); **OR**
- Transurethral electrical vaporization of the prostate (TUEVP, TUV, TVP) or transurethral vapor resection (TUVRP); **OR**
- Transurethral incision of the prostate (TUIP); **OR**

See the [DISCLAIMER](#). All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

Benign Prostatic Hyperplasia (BPH) Treatments

Effective Date: 10/01/2020

Revision Date: 10/01/2020

Review Date: 01/28/2020

Policy Number: HCS-0459-027

Page: 7 of 19

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

- Transurethral microwave thermotherapy (TUMT); **OR**
- Transurethral needle ablation (TUNA) or radiofrequency needle ablation (RFNA) (including water vapor method [ie, Rezūm System]); **OR**
- Transurethral resection of the prostate (TURP); **OR**
- Water jet tissue resection (ie, AquaBeam)

Coverage Limitations

Humana members may **NOT** be eligible under the Plan for **BPH treatment** using any procedures other than those listed above including, but may not be limited to, the following:

- Absolute ethanol injection; **OR**
- Cryosurgical ablation; **OR**
- High-intensity focused ultrasound (HIFU); **OR**
- Plasma kinetic vaporization; **OR**
- Prostate artery embolization; **OR**
- Temporary prostatic urethral stent (ie, iTind); **OR**
- Transrectal thermotherapy; **OR**
- Transurethral balloon dilatation (eg, Optilume Basic)*; **OR**
- Transurethral ultrasound guided laser induced prostatectomy (TULIP); **OR**
- Water induced thermotherapy (WIT)

*Optilume drug-coated balloon (0619T) has not been approved by the US Food and Drug Administration (FDA) for BPH treatment.

Benign Prostatic Hyperplasia (BPH) Treatments

Effective Date: 10/01/2020

Revision Date: 10/01/2020

Review Date: 01/28/2020

Policy Number: HCS-0459-027

Page: 8 of 19

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

These are considered experimental/investigational as they are not identified as widely used and generally accepted for the proposed uses as reported in nationally recognized peer-reviewed medical literature published in the English language.

Background Additional information about **BPH** may be found from the following websites:

- [American Urological Association](#)
- [National Library of Medicine](#)

Medical Alternatives Physician consultation is advised to make an informed decision based on an individual's health needs.

Provider Claims Codes Any CPT, HCPCS or ICD codes listed on this medical coverage policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
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)	Not Covered if used to report prostate artery embolization
52282	Cystourethroscopy, with insertion of permanent urethral stent	
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	
52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)	
52450	Transurethral incision of prostate	

See the [DISCLAIMER](#). All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

Benign Prostatic Hyperplasia (BPH) Treatments

Effective Date: 10/01/2020

Revision Date: 10/01/2020

Review Date: 01/28/2020

Policy Number: HCS-0459-027

Page: 9 of 19

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

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)	
52630	Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)	
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)	
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)	
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)	
53850	Transurethral destruction of prostate tissue; by microwave thermotherapy	
53852	Transurethral destruction of prostate tissue; by radiofrequency thermotherapy	Not Covered if used to report any treatment outlined in Coverage Limitations section
53854	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy	
53855	Insertion of a temporary prostatic urethral stent, including urethral measurement	Not Covered

See the [DISCLAIMER](#). All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

Benign Prostatic Hyperplasia (BPH) Treatments

Effective Date: 10/01/2020

Revision Date: 10/01/2020

Review Date: 01/28/2020

Policy Number: HCS-0459-027

Page: 10 of 19

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

55801	Prostatectomy, perineal, subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy)	
55821	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); suprapubic, subtotal, 1 or 2 stages	
55831	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); retropubic, subtotal	
55899	Unlisted procedure, male genital system	Not Covered if used to report any treatment outlined in Coverage Limitations section
CPT® Category III Code(s)	Description	Comments
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)	
0619T	Cystourethroscopy with transurethral anterior prostate commissurotomy and drug delivery, including transrectal ultrasound and fluoroscopy, when performed	Not Covered New Code Effective 07/01/2020
HCPCS Code(s)	Description	Comments
C2596	Probe, image-guided, robotic, waterjet ablation	Not Covered New Code Effective 01/01/2020
C9739	Cystourethroscopy, with insertion of transprostatic implant; one to three implants	
C9740	Cystourethroscopy, with insertion of transprostatic implant; four or more implants	

See the [DISCLAIMER](#). All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

Benign Prostatic Hyperplasia (BPH) Treatments

Effective Date: 10/01/2020

Revision Date: 10/01/2020

Review Date: 01/28/2020

Policy Number: HCS-0459-027

Page: 11 of 19

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

C9747	Ablation of prostate, transrectal, high intensity focused ultrasound (HIFU), including imaging guidance	Not Covered
C9769	Cystourethroscopy, with insertion of temporary prostatic implant/stent with fixation/anchor and incisional struts	Not Covered New Code Effective 10/01/2020

Medical Terms

Anesthesia – Medication used before or during surgery or a medical procedure that prevents pain from being felt or provides decreased consciousness.

Benign – Not cancerous or malignant.

Bladder – A sac-shaped muscular organ that stores the urine secreted by the kidneys. In mammals, urine is carried from the kidneys to the bladder by the ureters and is later discharged from the body through the urethra.

Calculi – Stones or clusters, usually of mineral salts around organic material found especially in hollow organs or ducts.

Catheter – Tubular medical device for the insertion into canals, vessels, passageways, or body cavities usually to permit injection or withdrawal of fluids or to keep a passageway open.

Cauterize – A substance or medical device used to burn, sear or destroy tissue.

Chronic – Persisting over a long period of time or marked by frequent recurrence.

Coagulate – To cause to become viscous or thickened into a coherent mass; curdle or congeal.

Cryoprobe – Instrument used in cryosurgery, having a supercooled tip for applying extreme cold to diseased tissue in order to remove or destroy it.

Cystoscope – A slender tubular instrument for examining the interior of the urethra and urinary bladder.

See the [DISCLAIMER](#). All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

Diuretics – Agents that promote the excretion of urine.

Electrode – An electrical lead or wire through which current may flow in and out.

Embolization – The process or state in which a blood vessel or organ is obstructed by the lodgment of a material mass.

Encrustation – Coating of hardened exudate or other material on a body or body part; a scale or scab.

Enucleation – Removal of an organ or other mass intact from its supporting tissues.

Ethanol – A colorless volatile flammable liquid that is the intoxicating agent in liquors and is also used as a solvent; ethyl alcohol.

Exacerbation – A rapid deterioration of a chronic disease that makes the symptoms worse.

Excise – Surgical removal of tissue or a body part.

Hyperplasia – Abnormal or unusual increase in cells composing a tissue.

Interstitial – Relating to or situated in the small, narrow spaces between tissues or parts of an organ.

Invasive – A medical procedure which penetrates or breaks the skin or a body cavity.

Laparoscope – A thin, tube-like instrument with a light and lens for viewing; it may also have a tool to remove tissue or perform other types of surgery.

Laser – Instrument that produces a powerful beam of light and can generate intense heat when focused at close range.

Laser Therapy – Medical treatment using a laser to cut or destroy tissue.

Necrosis – Death of cells or tissue through injury or disease.

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

Percutaneous – Surgery or procedure done percutaneously is to access the organs or tissue via a needle puncture of the skin, rather than an open approach made by a scalpel.

Perineum – The area between the anus and the posterior part of the external genitalia.

Polymer – A compound containing repeating structural units and formed by a chemical reaction in which two or more molecules combine.

Prostate Gland – A firm partly muscular, partly glandular body that is situated about the base of male urethra and secretes an alkaline viscid fluid which is a major constituent of the ejaculatory fluid.

Resection – Surgical removal of all or part of an organ, tissue or structure.

Resectoscope – A surgical instrument for performing a resection without an opening or incision other than that made by the instrument.

Saline – Sterile solution of salt (sodium chloride) and water at the same concentration as in the body fluids.

Stent – Tube made of metal or plastic that is inserted into a vessel or passage to keep the lumen open and prevent closure.

Thermotherapy – Treatment of a disease or body part by heat.

Transfemoral – Through the femoral artery.

Transrectal – Passing through or performed by way of the rectum.

Transurethral – Passing through or performed by way of the urethra.

Ultrasound – The noninvasive diagnostic or therapeutic use of high-frequency sound waves that respond to changes in tissue composition for imaging or treatment of internal body structures; also called echography, sonography or ultrasonography.

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

Urethra – Membranous tube that extends from the urinary bladder to the exterior and that in the male conveys semen as well as urine.

Urethral – Referring to the urethra.

Urinary Tract – The system through which urine passes and which consists of the kidneys, ureters, bladder and urethra.

Vaporization – The destruction of tissue by turning it into a gas as a result of extreme heat.

References

1. American Urological Association (AUA). Guideline. Surgical management of lower urinary tract symptoms attributed to benign prostatic hyperplasia. <http://www.auanet.org>. Published 2010. Updated May 2019. Accessed November 18, 2019.
2. ClinicalKey. Welliver C, McVary K. Minimally invasive and endoscopic management of benign prostatic hyperplasia. In: Wein A, ed. *Campbell-Walsh Urology*. 11th Ed. Philadelphia, PA: Elsevier Saunders; 2016:2504-2532.e11. <http://www.clinicalkey.com>. Accessed November 18, 2019.
3. ECRI Institute. Emerging Technology Evidence Report. Implantable transprostatic tissue retractor system (UroLift) for treating benign prostate hyperplasia. <https://www.ecri.org>. Published April 18, 2017. Accessed November 15, 2019.
4. ECRI Institute. Hotline Response. Holmium laser enucleation versus transurethral resection of the prostate for treating benign prostatic hyperplasia. <https://www.ecri.org>. Published May 1, 2019. Accessed November 15, 2019.
5. ECRI Institute. Hotline Response. Prostate artery embolization for treating benign prostatic hyperplasia. <https://www.ecri.org>. Published April 25, 2019. Accessed November 15, 2019.

Benign Prostatic Hyperplasia (BPH) Treatments

Effective Date: 10/01/2020

Revision Date: 10/01/2020

Review Date: 01/28/2020

Policy Number: HCS-0459-027

Page: 15 of 19

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

6. ECRI Institute. Hotline Response (ARCHIVED). High-intensity focused ultrasound for treating benign prostatic hyperplasia. <https://www.ecri.org>. Published November 10, 2011. Accessed November 15, 2019.
7. ECRI Institute. Hotline Response (ARCHIVED). Interstitial laser coagulation (ILC) for benign prostatic hyperplasia (BPH). <https://www.ecri.org>. Published March 22, 2005. Accessed February 25, 2013.
8. ECRI Institute. Hotline Response (ARCHIVED). Photoselective vaporization of the prostate for treating benign prostatic hyperplasia. <https://www.ecri.org>. Published May 12, 2004. Updated May 17, 2012. Accessed November 15, 2019.
9. ECRI Institute. Hotline Response (ARCHIVED). Temporary prostatic stents for urethral obstruction. <https://www.ecri.org>. Published April 26, 2011. Accessed March 4, 2014.
10. ECRI Institute. Hotline Response (ARCHIVED). Water-induced thermotherapy for benign prostatic hyperplasia. <https://www.ecri.org>. Published April 7, 2004. Updated May 18, 2012. Accessed November 15, 2019.
11. ECRI Institute. Product Brief. Aquabeam Robotic System (Procept BioRobotics Corp.) for treating benign prostatic hyperplasia. <https://www.ecri.org>. Published October 20, 2018. Updated October 10, 2019. Accessed November 15, 2019.
12. ECRI Institute. Product Brief. Embosphere microspheres (Merit Medical Systems, Inc.) for prostate artery embolization to treat benign prostate hyperplasia. <https://www.ecri.org>. Published April 22, 2019. Accessed November 15, 2019.
13. ECRI Institute. Product Brief. Rezūm System (Boston Scientific Corp.) for treating benign prostatic hyperplasia. <https://www.ecri.org>. Published November 18, 2016. Updated April 5, 2019. Accessed November 15, 2019.

Benign Prostatic Hyperplasia (BPH) Treatments

Effective Date: 10/01/2020

Revision Date: 10/01/2020

Review Date: 01/28/2020

Policy Number: HCS-0459-027

Page: 16 of 19

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

14. ECRI Institute. Product Brief. Spanner Prostatic Stent (SRS Medical) for maintaining urine flow after treatment for benign prostatic hyperplasia. <https://www.ecri.org>. Published April 20, 2018. Accessed November 15, 2019.
15. ECRI Institute. Product Brief. SwiftNinja steerable microcatheter (Merit Medical Systems, Inc.) for prostate artery embolization to treat benign prostate hyperplasia. <https://www.ecri.org>. Published April 30, 2019. Accessed November 19, 2019.
16. ECRI Institute. Product Brief. UroLift system (NeoTract, Inc.) for treating benign prostatic hyperplasia. <https://www.ecri.org>. Published July 1, 2019. Accessed November 15, 2019.
17. ECRI Institute. Product Brief (ARCHIVED). Plasma-oval button (Olympus America) for treating benign prostatic hyperplasia. <https://www.ecri.org>. Published September 12, 2016. Accessed November 15, 2019.
18. ECRI Institute. Product Brief Clinical Comparison. Overview of three devices for treating benign prostatic hyperplasia. <https://www.ecri.org>. Published November 1, 2016. Accessed November 15, 2019.
19. Hayes, Inc. Comparative Effectiveness Review. Comparative effectiveness review of prostatic artery embolization (PAE) for treatment of benign prostatic hypertrophy (BPH). <https://evidence.hayesinc.com>. Published February 11, 2019. Updated August 21, 2019. Accessed November 15, 2019.
20. Hayes, Inc. Health Technology Assessment. UroLift System (NeoTract Inc.) for treatment of benign prostatic hyperplasia. <https://evidence.hayesinc.com>. Published November 9, 2017. Updated October 23, 2019. Accessed November 15, 2019.
21. Hayes, Inc. Health Technology Brief. Rezūm System (NxThera Inc.) for benign prostatic hyperplasia. <https://evidence.hayesinc.com>. Published February 28, 2018. Updated January 14, 2019. Accessed November 15, 2019.
22. Hayes, Inc. Health Technology Brief (ARCHIVED). Bipolar plasmakinetic electrovaporization for benign prostatic hyperplasia (BPH).

See the [DISCLAIMER](#). All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

Benign Prostatic Hyperplasia (BPH) Treatments

Effective Date: 10/01/2020

Revision Date: 10/01/2020

Review Date: 01/28/2020

Policy Number: HCS-0459-027

Page: 17 of 19

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

<https://evidence.hayesinc.com>. Published March 31, 2011. Updated April 1, 2013. Accessed November 15, 2019.

23. Hayes, Inc. Health Technology Brief (ARCHIVED). UroLume urethral stent (American Medical Systems Inc.) for urinary obstruction secondary to benign prostatic hyperplasia (BPH). <https://evidence.hayesinc.com>. Published June 10, 2011. Updated June 20, 2013. Accessed November 15, 2019.
24. Hayes, Inc. Medical Technology Directory (ARCHIVED). Laser therapy for benign prostatic hyperplasia. <https://evidence.hayesinc.com>. Published March 5, 2010. Updated April 4, 2014. Accessed November 15, 2019.
25. Hayes, Inc. Medical Technology Directory (ARCHIVED). Transurethral microwave thermotherapy. <https://evidence.hayesinc.com>. Published August 23, 2007. Updated July 14, 2011. Accessed November 15, 2019.
26. Hayes, Inc. Medical Technology Directory (ARCHIVED). Transurethral needle ablation therapy. <https://evidence.hayesinc.com>. Published July 9, 2001. Updated September 18, 2006. Accessed November 15, 2019.
27. Hayes, Inc. Medical Technology Directory (ARCHIVED). Water-induced thermotherapy (WIT) for benign prostatic hyperplasia. <https://evidence.hayesinc.com>. Published October 7, 2002. Updated August 19, 2007. Accessed November 15, 2019.
28. Hayes, Inc. Prognosis Overview (ARCHIVED). AquaBeam aquablation waterjet tissue resection for BPH. <https://evidence.hayesinc.com>. Published January 2016. Updated January 3, 2018. Accessed November 15, 2019.
29. MCG Health. Laser surgery, prostate. 23rd edition. <http://www.mcg.com>. Accessed November 13, 2019.
30. MCG Health. Prostatectomy, transurethral resection (TURP). 23rd edition. <http://www.mcg.com>. Accessed November 13, 2019.
31. MCG Health. Transurethral electrovaporization, prostate (TUVP). 23rd edition. <http://www.mcg.com>. Accessed November 13, 2019.

See the [DISCLAIMER](#). All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

Benign Prostatic Hyperplasia (BPH) Treatments

Effective Date: 10/01/2020

Revision Date: 10/01/2020

Review Date: 01/28/2020

Policy Number: HCS-0459-027

Page: 18 of 19

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

32. MCG Health. Transurethral incision, prostate (TUIP). 23rd edition. <http://www.mcg.com>. Accessed November 13, 2019.
33. MCG Health. Transurethral microwave therapy (TUMT). 23rd edition. <http://www.mcg.com>. Accessed November 13, 2019.
34. MCG Health. Transurethral needle ablation (TUNA), prostate. 23rd edition. <http://www.mcg.com>. Accessed November 13, 2019.
35. MCG Health. Water induced thermotherapy. 23rd edition. <http://www.mcg.com>. Accessed November 13, 2019.
36. UpToDate, Inc. Surgical treatment of benign prostatic hyperplasia. <http://www.uptodate.com>. Updated October 2019. Accessed November 15, 2019.
37. US Food and Drug Administration (FDA). 510(k) summary: Ablatherm fusion. <http://www.fda.gov>. Published October 3, 2017. Accessed January 15, 2018.
38. US Food and Drug Administration (FDA). 510(k) summary: NeoTract UroLift system. <http://www.fda.gov>. Published December 20, 2013. Accessed March 18, 2014.
39. US Food and Drug Administration (FDA). 510(k) summary: Optilume Basic Urological Balloon Dilation (Optilume Basic). <http://www.fda.gov>. Published January 2, 2020. Accessed April 27, 2020.
40. US Food and Drug Administration (FDA). 510(k) summary: Rezūm system. <http://www.fda.gov>. Published April 19, 2016. Accessed January 15, 2018.
41. US Food and Drug Administration (FDA). 510(k) summary: Sonablate. <http://www.fda.gov>. Published December 21, 2016. Accessed January 12, 2017.

Benign Prostatic Hyperplasia (BPH) Treatments

Effective Date: 10/01/2020

Revision Date: 10/01/2020

Review Date: 01/28/2020

Policy Number: HCS-0459-027

Page: 19 of 19

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

42. US Food and Drug Administration (FDA). 510(k) summary: SwiftNINJA Microcatheter. <http://www.fda.gov>. Published November 4, 2016. Accessed November 19, 2019.
43. US Food and Drug Administration (FDA). 510(k) summary: TULSA-PRO system. <http://www.fda.gov>. Published August 15, 2019. Accessed September 13, 2019.
44. US Food and Drug Administration (FDA). De novo summary: Aquabeam system. <http://www.fda.gov>. Published December 21, 2017. Accessed December 27, 2017.
45. US Food and Drug Administration (FDA). De novo summary: Embosphere microspheres. <http://www.fda.gov>. Published June 21, 2017. Accessed January 16, 2018.
46. US Preventive Services Task Force (USPSTF). Recommendation Statement. Prostate cancer: screening. <http://www.uspreventiveservicestaskforce.org>. Published May 2018. Accessed November 18, 2019.