



## MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

### Medical Policy

## Water-Induced Thermotherapy as a Treatment of Benign Prostatic Hypertrophy

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### Policy Number: 646

BCBSA Reference Number: 2.01.49A

### Related Policies

- Cryosurgical Ablation of the Prostate, #[149](#)

### Policy

#### **Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity Medicare HMO Blue<sup>SM</sup> and Medicare PPO Blue<sup>SM</sup> Members**

Water-induced thermotherapy may be **MEDICALLY NECESSARY** as a treatment of benign prostatic hypertrophy.

### Prior Authorization Information

#### **Commercial Members: Managed Care (HMO and POS)**

No prior authorization is required

#### **Commercial Members: PPO, and Indemnity**

No prior authorization is required

#### **Medicare Members: HMO Blue<sup>SM</sup>**

No prior authorization is required

#### **Medicare Members: PPO Blue<sup>SM</sup>**

No prior authorization is required

### CPT Codes / HCPCS Codes / ICD-9 Codes

*The following codes are included below for informational purposes. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.*

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

## CPT Codes

There is no specific CPT code for this service

## Description

Over the past decade a variety of minimally invasive procedures have been investigated as alternatives to transurethral resection of the prostate, considered the gold standard treatment of benign prostatic hypertrophy (BPH). These techniques are intended to induce necrosis in prostatic tissue using a variety of energy sources, i.e., various types of laser prostatectomy, radiofrequency needle ablation, and transurethral microwave therapy.

Water-induced thermotherapy consists of placement of an inflated balloon along the length of the prostate, followed by the circulation of heated water, which circulates through a catheter system. Water-induced thermotherapy is performed in a single, 45-minute outpatient treatment session without anesthesia. Patients typically require catheterization for at least one week due to post-procedure sloughing of prostatic tissue.

## Summary

Regarding water-induced thermotherapy, the largest study was published by Muschter and colleagues. This prospective multicenter clinical trial enrolled 125 patients with BPH who underwent water-induced thermotherapy. The treatment was well tolerated; the results noted for water-induced thermotherapy are roughly comparable to those achieved with other minimally invasive techniques. Findings in more recent literature support the policy statement on water-induced thermotherapy as a treatment of benign prostatic hypertrophy. Water-induced thermotherapy as a treatment of benign prostatic hypertrophy may be considered medically necessary.

## Policy History

Date	Action
11/2011-4/2012	Medical policy ICD 10 remediation: Formatting, editing and coding updates. No changes to policy statements.
9/2011	Reviewed - Medical Policy Group - Urology and Obstetrics/Gynecology. No changes to policy statements.
6/2010	Reviewed - Medical Policy Group - Urology and Obstetrics/Gynecology. No changes to policy statements.
6/2009	Reviewed - Medical Policy Group - Urology and Obstetrics/Gynecology. No changes to policy statements.
6/2008	Reviewed - Medical Policy Group - Urology and Obstetrics/Gynecology. No changes to policy statements.
6/2007	Reviewed - Medical Policy Group - Urology and Obstetrics/Gynecology. No changes to policy statements.

## Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

[Medical Policy Terms of Use](#)

[Managed Care Guidelines](#)

[Indemnity/PPO Guidelines](#)

[Clinical Exception Process](#)

[Medical Technology Assessment Guidelines](#)

## References

1. Muschter R, Schorsch I, Danielli L et al. Transurethral water-induced thermotherapy for the treatment of benign prostatic hyperplasia: a prospective multicenter clinical trial. *J Urol* 2000;164(5):1565-9.
2. Schorsch I, Muschter R, Danielli L et al. Two year follow up of a multi-center clinical study using water-induced thermotherapy for BPH. Presented at American Urological Annual Meeting, Atlanta, Georgia, May 2, 2000.
3. Larson TR. Rationale and assessment of minimally invasive approaches to benign prostatic hyperplasia therapy. *Urology* 2002; 59(2 suppl 1):12-6.
4. Breda G, Isgro A. Treatment of benign prostatic hyperplasia with water-induced thermotherapy; experience of a single institution. *J Endourol* 2002; 16(2):123-6.