

MEDICAL POLICY



SUBJECT: BALLOON DILATATION OF THE PROSTATIC URETHRA	EFFECTIVE DATE: 09/16/99 ARCHIVED DATE: 09/16/99 EDITED DATE: 11/10/05, 11/16/06, 12/20/07, 12/18/08, 11/19/09, 09/16/10, 9/15/11, 09/20/12, 09/19/13, 09/18/14
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<ul style="list-style-type: none">• <i>If the member's subscriber contract excludes coverage for a specific service it is not covered under that contract. In such cases, medical policy criteria are not applied.</i>• <i>Medical policies apply to commercial and Medicaid products only when a contract benefit for the specific service exists.</i>• <i>Medical policies only apply to Medicare products when a contract benefit exists and where there are no National or Local Medicare coverage decisions for the specific service.</i>	

POLICY STATEMENT:

Based upon our criteria and the lack of peer-reviewed literature, balloon dilatation of the prostatic urethra is considered **investigational**.

Refer to Corporate Medical Policy # 11.01.03 regarding Experimental or Investigational Services.

DESCRIPTION:

Balloon dilatation of the prostatic urethra, or balloon urethroplasty, is a therapeutic procedure intended to manage symptoms associated with benign prostatic hypertrophy.

Under fluoroscopic guidance, a flexible balloon catheter is placed in the urethra at the level of the prostate above the external sphincter. The balloon is then inflated for a short period of time to distend the prostatic urethra. This widening process is intended to relieve obstruction of the urethra caused by the enlarged prostate and alleviate the symptoms of benign prostatic hypertrophy (e.g., urinary retention, urgency, hesitancy, nocturia, and dysuria). No surgical specimen is obtained.

CODES: Number Description

Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.

CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.

Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.

CPT No specific codes

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HCPCS: No specific codes

ICD9: 60.95 Transurethral balloon dilation of the prostatic urethra
600 Hyperplasia of prostate

ICD10: N40.0 Enlarged prostate without lower urinary tract symptoms
N40.1 Enlarged prostate with lower urinary tract symptoms

REFERENCES:

BlueCross BlueShield Association. Balloon dilatation of the prostate - archived. Medical Policy Reference Manual Policy #7.01.04. 2009 Sep 10.

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KEY WORDS:

Balloon dilatation/dilation of prostatic urethra, Balloon urethroplasty.

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

There is currently no National Coverage Determination (NCD) or Local Coverage Determination (LCD) for Balloon Dilatation of the Prostate.