

# MEDICAL POLICY



<b>SUBJECT: TRANSURETHRAL MICROWAVE THERMOTHERAPY</b>	<b>EFFECTIVE DATE: 09/16/99</b> <b>REVISED DATE: 09/19/01, 06/20/02, 05/21/03, 04/15/04, 04/21/05, 04/20/06, 01/18/07</b> <b>ARCHIVED DATE: 01/17/08</b> <b>EDITED DATE: 01/15/09, 01/21/10, 01/20/11, 01/19/12, 01/17/13, 01/16/14</b>
<b>POLICY NUMBER: 7.01.28</b> <b>CATEGORY: Technology Assessment</b>	<b>PAGE: 1 OF: 4</b>
<ul style="list-style-type: none"><li><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></li><li><i>Medical policies apply to commercial and Medicaid products only when a contract benefit for the specific service exists.</i></li><li><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></li></ul>	

## POLICY STATEMENT:

- I. Based upon our criteria and assessment of peer-reviewed literature, transurethral microwave thermotherapy for BPH has been medically proven to be effective and is **medically appropriate** as a treatment option for patients who would be candidates for transurethral resection based on the severity of their BPH symptoms when the following criteria have been met:
  - A. prostatic length of 30-55 mm (the prostate size should meet the labeled indications of the specific device used for TUMT); AND
  - B. patient must have failed medical therapy prior to proceeding with TUMT.
- II. Based upon our criteria and assessment of peer-reviewed literature, transurethral microwave thermotherapy, as yet, has not demonstrated a benefit to patient outcomes and is considered **not medically necessary** for the treatment of other prostatic conditions (e.g., prostate cancer, chronic prostatitis).
- III. **Contraindications:**
  - A. Patients who have large prostate glands (greater than 5.5 cm in length or greater than 70 g in volume), medium lobe enlargement or bladder neck stenosis;
  - B. Patients with metallic implants (e.g., artificial joints, pacemaker);
  - C. Patients with bladder or prostate carcinoma;
  - D. Patients with a history of previous prostate surgery or pelvic radiation therapy;
  - E. Penile implants;
  - F. Neurologic disorders that may influence bladder function;
  - G. Neurogenic bladder;
  - H. Diabetic neuropathy; or
  - I. Urethral stricture.

## DESCRIPTION:

Benign prostatic hyperplasia (BPH) resulting in bladder outlet obstruction is one of the most common afflictions in the aging man. Transurethral microwave thermotherapy (TUMT) is an alternative to transurethral resection of the prostate (TURP) for patients with benign prostatic hypertrophy (BPH). Microwave thermotherapy is the use of controlled heat at high temperatures to safely destroy excess prostate tissue. This minimally invasive procedure can be performed safely in an outpatient setting (ambulatory surgery setting or physician's office) with the use of local anesthesia such as lidocaine gel and without the use of general or spinal anesthesia. Microwave thermotherapy effectively destroys excess prostate tissue and relieves the pressure it places on the urethra, thus alleviating the symptoms and difficulties with urination. Some patients may need to use a catheter for a short time due to swelling of prostate tissue following treatment.

## RATIONALE:

Evidence from clinical trials demonstrates that TUMT provides relief of lower urinary symptoms comparable to TURP without the need for inpatient hospitalization or general/spinal anesthesia. TUMT also provides significantly greater improvement of lower urinary tract symptoms when compared to medication therapy. TUMT produces fewer major

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harmful complications (bleeding, impotence, incontinence, TUR syndrome) than TURP. Symptom relief and voiding improvement have proven to be durable up to 3-4 years after TUMT. The FDA has approved several microwave thermotherapy devices for the treatment of BPH. These include Prostatron (Edap Technomed, Inc), CoreTherm™ (ProstaLund), Prolieve™ (Celsion), Targis (Urologix Inc), Urowave System (Dornier Medical Systems) and TherMatrx® (TherMatrx Inc). The FDA recommends that prostate size should meet the label indications of the specific device used for transurethral microwave therapy. Safety and efficacy of this technology for other prostatic conditions (e.g., prostatic carcinoma) have not been established in clinical trials.

**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:**              53850              Transurethral destruction of prostate tissue; by microwave therapy

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**HCPCS:**        No code(s)

**ICD9:**            600.00            Hypertrophy (benign) of prostate without urinary obstruction and other lower urinary tract symptoms (LUTS)

                      600.01            Hypertrophy (benign) of prostate with urinary obstruction and other lower urinary tract symptoms (LUTS)

                      600.10            Nodular prostate without urinary obstruction

                      600.11            Nodular prostate with urinary obstruction

                      600.20            Benign localized hyperplasia of prostate without urinary obstruction and other lower urinary tract symptoms (LUTS)

                      600.21            Benign localized hyperplasia of prostate with urinary obstruction and other lower urinary tract symptoms (LUTS)

                      600.90            Hyperplasia of prostate, unspecified, without urinary obstruction and other lower urinary symptoms (LUTS)

                      600.91            Hyperplasia of prostate, unspecified, with urinary obstruction and other lower urinary symptoms (LUTS)

**ICD10:**          N13.8             Other obstructive and reflux uropathy

                      N40.0-N40.1    Enlarged prostate with or without lower urinary tract symptoms (code range)

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\*key article

**KEY WORDS:**

TUMT

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## **CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS**

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There is currently no National Coverage Determination (NCD) or Local Coverage Determination (LCD) for transurethral microwave thermotherapy (TUMT).