



**TRANSURETHRAL MICROWAVE
THERMOTHERAPY (TUMT) FOR TREATMENT OF
BENIGN PROSTATIC HYPERPLASIA
HS-044**



Harmony Behavioral Health, Inc.

Harmony Behavioral Health of Florida, Inc.

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**Transurethral Microwave
Thermotherapy (TUMT) for
Treatment of Benign
Prostatic Hyperplasia**

Policy Number: HS-044

Original Effective Date: 9/4/2008

**Revised Date(s): 9/7/2009; 9/3/2010;
9/1/2011**

DISCLAIMER

The Clinical Coverage Guideline is intended to supplement certain standard WellCare benefit plans. The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in this Clinical Coverage Guideline. When a conflict exists between the two documents, the Member's Benefit Plan always supersedes the information contained in the Clinical Coverage Guideline. Additionally, Clinical Coverage Guidelines relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.



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BACKGROUND

BPH is a non-cancerous, generally progressive condition which commonly occurs as a man ages. Given that the normal prostate is a walnut-sized gland surrounding the urethra, hyperplasia of the prostate can restrict the urethra resulting in symptoms such as increased frequency of urination, urgency, poor flow, leakage, nocturia, and retention.

The treatments available for BPH include pharmaceutical management, minimally-invasive interventions such as transurethral microwave ablation of the prostate (TUMT), transurethral needle ablation of the prostate (TUNA), or urethral balloon dilation; or highly invasive surgeries such as transurethral resection of the prostate (TURP), or open prostatectomy.

While TURP is still considered by many to be the gold standard for treating the symptoms of BPH, less-invasive procedures continue to be researched and have a place in current practice due to their lower morbidity. TUMT is a one hour procedure performed under local anesthesia with a specially designed heat-creating catheter that destroys the enlarged prostate tissue. The catheter system has a built in cooling system that protects surrounding urethral tissue and provides additional analgesia.

A 2011 update by Hayes shows no significant changes to the original criteria set forth in 2007. A rating of B is given for TUMT in patients with BPH “who have failed or are not candidates for medical therapy and who wish to avoid more invasive therapies such as transurethral resection of the prostate (TURP)”.

A rating of D is also given for repeat TUMT and for TUMT in patients with “neurological disorders that may influence bladder function; presence of microwave-sensitive implants (e.g., heart pacemaker, defibrillator, metallic prosthesis in pelvis or hip); renal impairment, coexisting bladder disease, upper urinary tract disease, urethral stricture, prostatitis, urinary tract infection, or bladder stones; isolated enlargement of median lobe of the prostate; prostate or bladder cancer; previous surgery of the prostate, rectum, urethra, or bladder neck.” (Hayes, 2011).

American Urological Association

The American Urological Association (AUA) describes TUMT as a minimally invasive therapy for BPH and recommends that the safety recommendations published by the U.S. Food and Drug Administration (2006) be followed. The AUA (2010) states “TUMT is effective in partially relieving LUTS secondary to BPH and may be considered in men with moderate or severe symptoms” (p. 17-18).

AUA Prostate Symptom Scoring

The AUA Symptom Index based on seven questions presented to patients with BPH to determine the level of symptoms (2003). Each question can have a value of 0 to 5; the table below illustrates the degrees of severity:

Score	Severity
0 to 7	Mild
8 to 19	Moderate
20 to 35	Severe



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POSITION STATEMENT

Transurethral Microwave Thermotherapy (TUMT) **is considered medically necessary** when ALL of the following criteria are met:

- The member is diagnosed with benign prostatic hyperplasia (BPH); **AND**,
- The duration of the BPH is at least three months; **AND**,
- The member has failed or is not a candidate for medical therapy; **AND**,
- The member wishes to avoid more invasive treatment; **AND**,
- The member exhibits an American Urological Association symptom score of 8 or greater; **AND**,
- Free peak uroflow rate (PAR) is less than 15 cc/sec when voided volume is more than 125 cc; **AND**,
- The use of this device must be prescribed and administered under the personal supervision of a qualified and trained physician after appropriate urological evaluation of the member.

Transurethral Microwave Thermotherapy is contraindicated for members with:

- A cardiac pacemaker; **OR**,
- An implantable defibrillator; **OR**,
- A metallic implant in the region of the hip, pelvis or femur; **OR**,
- Previous radiation therapy to the pelvic area; **OR**,
- Prostate cancer; **OR**,
- Neurogenic bladder; **OR**,
- Active urinary tract infection; **OR**,
- Active cystolithiasis; **OR**,
- Gross hematuria; **OR**,
- Urethral stricture; **OR**,
- Bladder neck contracture; **OR**,
- Acute prostatitis.

CODING

Covered CPT® Codes

53850 Transurethral destruction of prostate tissue; by microwave thermotherapy (TUMT)

Covered ICD-9-CM Procedure Codes

60.96 Transurethral destruction of prostate tissue by microwave thermotherapy (TUMT)

HCPCS Level II ® Codes - No Applicable Codes

Covered ICD-9-CM Diagnosis Codes

600.00 Hypertrophy (benign) of prostate without urinary obstruction

600.01 Hypertrophy (benign) of prostate with urinary obstruction

TUMT is contraindicated and NOT a covered benefit for ICD-9-CM Diagnosis Codes for members with:

185 Cancer of Prostate

594.1 Active cystolithiasis; Urinary bladder stone

596.0 Bladder Neck Obstruction, Contracture, Stenosis (Acquired)

598.9 Urethral Stricture, unspecified

596.54 Neurogenic Bladder

599.0 UTI - Urinary Tract Infection

599.7 Hematuria

- 601.0 Acute Prostatitis
- 601.1 Chronic Prostatitis
- 601.2 Abscess of Prostate
- 601.3 Prostatocystitis
- 601.4 Prostatitis in disease classified elsewhere
- 601.8 Prostatitis, cavitory, diverticular, granulomatous
- 601.9 Prostatitis, unspecified
- V45.01 Cardiac pacemaker
- V45.02 Automatic implantable cardiac defibrillator
- V43.64 Metallic Implant Hip Replacement
- V15.3 History of Radiation Therapy

*Current Procedural Terminology (CPT) 2011 American Medical Association: Chicago, IL.®©

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Peer Reviewed

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Government Agencies, Professional and Medical Organizations

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HISTORY AND REVISIONS

Date	Action
12/1/2011	• New template design approved by MPC.
9/1/2011	• Approved by MPC.