Easy Choice Health Plan, Inc.
Harmony Health Plan of Illinois, Inc.
Missouri Care, Inc.
‘Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona, Inc.
WellCare Health Insurance of Illinois, Inc.
WellCare Health Plans of New Jersey, Inc.
WellCare Health Insurance of Arizona, Inc.
WellCare of Florida, Inc.
WellCare of Connecticut, Inc.
WellCare of Georgia, Inc.
WellCare of Kentucky, Inc.
WellCare of Louisiana, Inc.
WellCare of New York, Inc.
WellCare of Ohio, Inc.
WellCare of South Carolina, Inc.
WellCare of Texas, Inc.
WellCare Prescription Insurance, Inc.
Windsor Health Plan
Windsor Rx Medicare Prescription Drug Plan

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

Policy Number: HS-044

Original Effective Date: 9/4/2008


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.
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.

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).

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:

<table>
<thead>
<tr>
<th>Score</th>
<th>Severity</th>
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<tr>
<td>0 to 7</td>
<td>Mild</td>
</tr>
<tr>
<td>8 to 19</td>
<td>Moderate</td>
</tr>
<tr>
<td>20 to 35</td>
<td>Severe</td>
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POSITION STATEMENT

Applicable To:

- Medicaid – All Markets
- Medicare – All Markets

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)

**HCPCS Level II ®©Codes** - No Applicable Codes

**Covered ICD-9-CM Procedure Codes**

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

**DRAFT 2013 ICD-10-PCS Codes**

0V507ZZ Med/Surgical, Male Reproductive System, Destruction, Prostate, Via Natural or Artificial Opening

0V508ZZ Med/Surgical, Male Reproductive System, Destruction, Prostate, Via Natural or Artificial Opening Endoscopic

**Covered ICD-9-CM Diagnosis Codes**

600.00 Hypertrophy (benign) of prostate without urinary obstruction

600.01 Hypertrophy (benign) of prostate with urinary obstruction

**ICD-10-CM Diagnosis Codes**

N40.0 Enlarged prostate without lower urinary tract symptoms (LUTS)

N40.1 Enlarged prostate with lower urinary tract symptoms (LUTS)

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

185 Cancer of Prostate

594.1 Active cystolithiasis; Urinary bladder stone

596.0 Bladder Neck Obstruction, Contracture, Stenosis (Acquired)

598.9 Urethral Stricture, unspecified

598.54 Neurogenic Bladder
TRANSURETHRAL MICROWAVE THERMOTHERAPY (TUMT) FOR TREATMENT OF BENIGN PROSTATIC HYPERPLASIA

HS-044

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, cavitary, 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

TUMT is contraindicated and NOT a covered benefit for Draft 2013 ICD-10-CM Diagnosis Codes

C61    Malignant neoplasm of prostate
N21.0  Calculus in bladder
N32.0  Bladder-neck obstruction
N31.0  Uninhibited neuropathic bladder, not elsewhere classified
N31.1  Reflex neuropathic bladder, not elsewhere classified
N31.9  Neuromuscular dysfunction of bladder, unspecified
N35.9  Urethral stricture, unspecified
N39.0  Urinary tract infection, site not specified
R31.9  Hematuria, unspecified
R31.0  Gross hematuria
R31.1  Benign essential microscopic hematuria
R31.2  Other microscopic hematuria
N40.0  Enlarged prostate without lower urinary tract symptoms
N40.1  Enlarged prostate with lower urinary tract symptoms
N41.0  Acute prostatitis
N41.1  Chronic prostatitis
N41.2  Abscess of prostate
N41.3  Prostatocystitis
A18.14 Tuberculosis of prostate
N51    Disorders of male genital organs in diseases classified elsewhere
N41.4  Granulomatous prostatitis
N41.8  Other inflammatory diseases of prostate
N41.9  Inflammatory disease of prostate, unspecified
Z92.3  Personal history of irradiation
Z92.3  Personal history of irradiation
Z96.641 Presence of right artificial hip joint
Z96.642 Presence of left artificial hip joint
Z96.643 Presence of artificial hip joint, bilateral
Z96.649 Presence of unspecified artificial hip joint
Z95.0  Presence of cardiac pacemaker
Z95.810 Presence of automatic (implantable) cardiac defibrillator

REFERENCES


MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

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<td>9/6/2012</td>
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