

Subject: Water Vapor Thermal Therapy for LUTS/BPH (Rezūm ® System)**Medical Policy #: 52.0****Status: Reviewed****Original Effective Date: 11-17-2021****Last Annual Review Date: 12-13-2023**

Disclaimer

Refer to the member's specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans, or the plan may have broader or more limited benefits than those listed in this Medical Policy.

Description

Water vapor thermal therapy:

The Rezūm ® System water vapor thermal therapy received FDA 510(k) clearance in 2015 to treat and relieve lower urinary tract symptoms (LUTS) secondary to Benign Prostatic Hyperplasia (BPH). This procedure involves the transurethral injection of steam into the prostate. Once injected, the steam condenses to water, imparting convective water vapor energy to ablate prostatic tissue causing cell death and damage. The technology uses radiofrequency (RF) to boil the water to create the steam that is injected but does not impart radiofrequency directly to the prostate tissue.

Coverage Determination

No Prior Authorization is required.

Coverage Indications, Limitations, and/or Medical Necessity:

Water Vapor Thermal Therapy for LUTS/BPH for **Medicare, Medicaid and Commercial.**

For use of water vapor thermal therapy for the treatment of lower urinary tract symptoms attributable to benign prostatic hyperplasia (LUTS/BPH).

ONE treatment for LUTS/BPH treatment is covered **ONCE** in patients with BPH with LUTS.

Coding

The coding listed in this medical policy is for reference only. Covered and non-covered codes are within this list.

CPT code	Code Description
53854	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy

ICD-10 Codes	Description
N40.1	Benign prostatic hyperplasia with lower urinary tract symptoms

Reviewed by / Approval Signatures

Population Health & Clinical Quality Committee: Gray Clarke MD

Medical Director: Ana Maria Rael MD

Senior Medical Director: Jim Romero MD

Date Reviewed: 12/13/2023

References

1. CMS, National Government Services, Inc., (**Retired**) LCD Water Vapor Thermal Therapy for LUTS/BPH (L37808) Revision 6, Original effective date: 12/01/2018, Revision effective date: 02/15/2024R7. [Cited 6/11/2024]
2. CMS, National Government Services, Inc., (**Retired**) Billing and Coding: Water Vapor Thermal Therapy for LUTS/BPH (A56590), Original Effective Date: 12/01/2019, Revision Effective Date: 02/15/2024, R3. [Cited 06/11/2024]
3. CMS, National Government Services, Inc., LCD Fluid Jet System in the Treatment of Benign Prostatic Hyperplasia (BPH), (R12), [Cited 6/11/2024]
4. Hayes, Rezūm System (Boston Scientific Corp.) For Benign Prostatic Hyperplasia, Health Technology Assessment, Oct 18, 2021, Annual review 1/19/2024, [Cited 6/10/2024]

5. Hayes, Water-Induced ThermoTherapy (WIT) For Benign Prostatic Hyperplasia, Health Technology Assessment 10/7/2002, Last Review, 8/19/2007, [Cited 6/14/2024]
6. MCG, Urologic Surgery or Procedure GRG, SG-US, 28th Edition, Last Reviewed 3/14/2024, [Cited 6/14/2024]
7. Aetna, Benign Prostatic Hyperplasia, #0079, Next Review: 01/09/2025. [Cited 06/11/2024]
8. Cigna, Benign Prostatic Hyperplasia (BPH) Treatments, Coverage # 0159, Effective Date 8/15/2024; Next review date 09/15/2024. [Cited 06/11/2024]
9. Humana, Benign Prostatic Hyperplasia Treatments, HUM-0459-035, Effective Date 4/25/2024, [Cited 6/10/2024]

Publication History

- 11-17-2021 **Original effective date.** Rezūm system is intended for the treatment of lower urinary tract symptoms (LUTS)/benign prostatic hyperplasia (BPH). This was reviewed by Technical Assessment Committee on 10-19-2021 and a motioned to develop MPM for all product line was agreed upon. Reviewed by PHP Medical Policy Committee on 10-29-2021. The policy will follow (out of jurisdiction) criteria, LCD (L37808) and related article LCA (A56590) for all product line. Code (53854) will require PA. The only diagnosis that will be considered medically necessary is ICD-10 code (N40.1), for all product line. According to Novitas Billing and Coding: Rezūm® Procedure, the applicable CPT is 53854 and not 53852.
- 11-16-2022 **Annual review.** Reviewed by PHP Medical Policy Committee on 10-21-2022. Continue to follow the LCD (L37808) and related article (LCA A56590) for Medicare, Medicaid and Commercial. The coverage determination guideline language has been removed from policy and reformatted to only include LCD/LCA weblinks. Novitas only provides billing recommendation per LCA A55352. Continue PA requirement for 53854 and continue the configuration set to only pay for ICD-10 (N40.1) for all product line.
- 12-13-2023 **Annual review.** Reviewed by PHP Medical Policy Committee on 10/04/2023. Continue to follow the LCD (L37808) and related article (LCA A56590) for ALOB. Continue PA requirement for 53854 and continue the configuration set during CY 2021 to only pay for ICD-10 (N40.1) for all product line.
Updated 03-29-2024: Updated policy to provide criteria after the LCD L37808 was retired on or after February 15, 2024. The criteria will remain the same.
Updated 06-14-2024: Updated policy to remove entire criteria pulled from LCD L37808, and update description to remove criteria-based details. Remaining criteria for Rezūm is listed for patients with a diagnosis of BHP with LUTS once per year. Continued configuration set to only pay for ICD-10 (N40.1) for ALOB. Removed Prior Authorization as the remaining criteria is demonstrated with appropriate coding.

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available online at: [Click here for Medical Policies](#)

Web links:

At any time during your visit to this policy and find the source material web links has been updated, retired, or superseded, PHP is not responsible for the continued viability of websites listed in this policy.

When PHP follows a particular guideline such as LCDs, NCDs, MCG, NCCN etc., for the purposes of determining coverage; it is expected providers maintain or have access to appropriate documentation when requested to support coverage. See the References section to view the source materials used to develop this resource document.