

**Subject:** Prostate: Surgical Treatment for Benign Prostate Hyperplasia

**Medical Policy #:** 12.3

**Original Effective Date:** 09/23/2015

**Status:** Reviewed

**Last Review Date:** 03-22-2023

## 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

### Laser Ablation

Laser ablation is a minimally invasive therapy for the treatment of solid tumors that utilizes image guided laser probes to heat and destroy the affected tissue. The absorption of light energy results in volumetric heating which ultimately leads to thermal destruction of the tumor. The device is used to cut, destroy, or remove tissue i.e.; prostate tumors by light energy emitted by carbon dioxide.

Laser prostatectomy is an alternative technique to the conventional surgical intervention of transurethral resection of the prostate (TURP) in treating bladder outlet obstruction caused by benign prostate hypertrophy (BPH).

### Transurethral waterjet ablation

Transurethral waterjet ablation is minimally invasive; water based surgical therapy that combines image guidance and robotics to remove prostatic tissue.<sup>13</sup> The system works by pumping high pressure saline (500 to 8000 pounds per square inch [PSI]) through a probe nozzle to cut and dissect tissue at predetermined system parameters.<sup>13</sup>

**Water Vapor Thermal Therapy for LUTS/BPH**, see [MPM 52.0](#)

## Coverage Determination

**Prior Authorization is not required for in-plan providers. However, all claims are subject to retrospective review.**

### I. Laser Ablation for Benign Prostate Hyperplasia:

Covered for Commercial, Medicaid and Medicare.

PHP follows Local Coverage Determination, Laser Ablation of the Prostate, LCD ([L34090](#)) and related article LCA ([A56467](#)).

Not an all-inclusive list of laser ablation technique:

1. Transurethral ultrasound-guided laser-induced prostatectomy (TULIP)
2. Visually guided laser ablation of the prostate (VLAP)
3. Contact laser ablation of the prostate (CLAP)
4. Interstitial laser coagulation of the prostate (ILCP)
5. Photoselective vaporization of Prostate (PVP)
6. Holmium: YAG Laser (holmium laser ablation of the prostate (HoLAP)
7. Holmium enucleation of the prostate (HoLEP)

### II. Aquablation (Aquabeam®) therapy for Benign Prostate Hyperplasia:

Covered for Commercial, Medicaid and Medicare.

PHP follows CMS (LCD): Transurethral Waterjet Ablation of the Prostate ([L38712](#)) and related policy article ([A58243](#)) for treatment of LUTS/BPH.

### III. Exclusion:

Laser ablation and Aquablation/Aquabeam therapy for treatment for prostate cancer is considered experimental and thus not covered for Medicare, Medicaid and commercial.

## Coding

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

CPT Codes	Description
52647	Laser coagulation of prostate, including control of postoperative bleeding, complete
52648	Laser vaporization of prostate, including control of postoperative bleeding, complete
52649	Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete
0421T	Transurethral waterjet ablation of prostate, including control of post-operative bleeding, including ultrasound guidance, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included when performed)
C2596	Probe, robotic, water-jet

## Reviewed by / Approval Signatures

**Clinical Quality & Utilization Mgmt. Committee:** Gray Clarke MD

**Senior Medical Director:** David Yu MD

**Medical Director:** Ana Maria Rael MD

**Date Approved:** 03-22-2023

## References

1. CMS, CGS Administrators, LLC, LCD Laser Ablation of the Prostate (L34090), (not in NM jurisdiction). Revision History date:03/24/2022, R#11, related LCA (A56467), Revision date: 03/24/2022, R#4. Cited [01/24/2023]
2. MCG Health, Ambulatory Care 26<sup>th</sup> Edition, Laser Surgery, Prostate, (A-0260), Last update: 08/31/2022 [Cited 01/24/2023]
3. Hayes, Laser Therapy for Benign Prostatic Hyperplasia, Health Technology Assessment, Annual review: Apr 4, 2014, ARCHIVED Apr 4, 2015. [Cited 01/24/2023]
4. Hayes, Aquablation for Treatment of Benign Prostatic Hyperplasia, Health Tech Assessment, Mar 30, 2022. [Cited 01/24/2023]
5. CMS, Novitas, Local Coverage Determination (LCD): Transurethral Waterjet Ablation of the Prostate (L38712), Effective Date 12/27/2020. [Cited 01/24/2023]
6. CMS, Billing and Coding: Transurethral Waterjet Ablation of the Prostate (A58243), Effective Date 12/27/2020. [Cited 01/24/2023]
7. Aetna, Number: 0079, Benign Prostatic Hyperplasia, Next review: 01/27/2022. [Cited 01/24/2023]
8. Humana - Benign Prostatic Hyperplasia Treatments, Policy Number: HUM-0459-030, Effective date 06-02-2022. [Cited 01/24/2023]
9. Cigna: Benign Prostatic Hyperplasia (BPH) Treatments, # 0156, Next review 09/15/2022. [Cited 01/24/2023]
10. BCBS of NM – Waterjet Tissue Ablation of the Prostate, Number: SUR710.024, Effective Date 11/01/2021. [Cited 01/24/2023]
11. UHC - Prostate Surgeries and Interventions, Policy Number: 2023T0618F, Effective date: Jan 01, 2023 [Cited 01/24/2023]
12. Hayes, a Division of TractManager, Comparative Effectiveness Review of Cryoablation for Primary Treatment of Localized Prostate Cancer, for use as primary therapy alternative to surgery or irradiation in patients with clinically localized disease. Annual Review Sep 13,2021. [Cited 01/24/2023]
13. Hwang EC, Jung JH, Borofsky M, et al. Aquablation of the prostate for the treatment of lower urinary tract symptoms in men with benign prostatic hyperplasia. Cochrane Database Syst Rev 2019; 2:CD013143. [Cited 01/24/2023]

## Publication History

- 09-23-15 Original effective date. Reviewed by TAC on 09-16-2015
- 01-24-18 Annual Review.
- 01-22-20 Annual Review. Combined MPM 3.5 (previously retired) with MPM 12.3 into this policy. Laser Ablation Treatment remains experimental and no NCD or LCD for New Mexico jurisdiction was found. As for, Cryoablation, will continue to use NCD 230.9 with no PA. References were updated.
- 03-24-21 Annual review. Reviewed by PHP Medical Policy Committee on 02/12/2021. The policy changed to only cover for BPH treatment and not prostate cancer. Title changed, formerly Prostate Ablation Treatment for Prostate Cancer. Removed NCD 230.9 Cryosurgery ablation (55873) of localized prostate cancer. Laser ablation treatment for BPH will be covered for Commercial, Medicaid and Medicare. Laser ablation treatment for prostate cancer is still considered experimental. New to policy is Aquablation (Aquabeam®) therapy for Medicare members only for treatment of LUTS/BPH. CPT codes update: add 0421T and C2596 and removed 55873. CPT code 0421T will be set to deny as experimental for Medicaid and Commercial. Continue no PA requirement.
- 03-23-22 Annual review. Reviewed by PHP Medical Policy Committee on 03-09-2022. Continue to follow (not in our region) LCD (L34090) and LCA (A56467) for treatment of benign prostate hyperplasia using laser ablation for all product lines. Aquabeam system transurethral waterjet ablation (code 0421T/C2596) will now also include coverage for Commercial and Medicaid for the treatment of BPH. Codes: 52647, 52648, 52649,

Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and Schedule of Benefits to determine coverage [MPMPCC051001].

0421T and C2596 will continue to not require PA. Previously configured 0421T will be retracted. Unrelated CPT codes: 53899 and 55899 will be removed from policy. Laser ablation and aquablation/aquabeam therapy for treatment for prostate cancer will continue to be considered experimental and/or investigational for all LOB.

03-22-23 Annual review. Reviewed by PHP Medical Policy Committee on 01/25/2023. No change. For Laser Ablation for Benign Prostate Hyperplasia (BPH) -continue to follow LCD (L34090) & LCA (A56467) for ALOB. For Aquablation for BPH- continue to follow LCD (L38712) and LCA (A58243) for ALOB. Continue coverage for BPH only and not for prostate cancer. Continue no PA requirement.

*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.*