



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Medical Policy

Transurethral Water Vapor Thermal Therapy for Benign Prostatic Hyperplasia

Table of Contents

- [Policy: Commercial](#)
- [Policy: Medicare](#)
- [Authorization Information](#)
- [Coding Information](#)
- [Description](#)
- [Policy History](#)
- [Information Pertaining to All Policies](#)
- [References](#)

Policy Number: 060

BCBSA Reference Number: 2.01.49

NCD/LCD: Local Coverage Determination (LCD): Water Vapor Thermal Therapy for LUTS/BPH (L37808)

Related Policies

None

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Transurethral water vapor thermal therapy is considered **INVESTIGATIONAL** as a treatment of benign prostatic hyperplasia.

Medicare HMO BlueSM and Medicare PPO BlueSM Members

Medical necessity criteria and coding guidance for **Medicare Advantage members living in Massachusetts** can be found through the link(s) below.

[Local Coverage Determinations \(LCDs\) for National Government Services, Inc.](#)

Local Coverage Determination (LCD): Water Vapor Thermal Therapy for LUTS/BPH (L37808)

Note: To review the specific LCD, please remember to click “accept” on the CMS licensing agreement at the bottom of the CMS webpage.

For medical necessity criteria and coding guidance for **Medicare Advantage members living outside of Massachusetts**, please see the Centers for Medicare and Medicaid Services website at <https://www.cms.gov> for information regarding your specific jurisdiction.

Prior Authorization Information

Inpatient

- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

Outpatient

- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

	Outpatient
Commercial Managed Care (HMO and POS)	This is not a covered service.
Commercial PPO and Indemnity	This is not a covered service.
Medicare HMO Blue SM	Prior authorization is not required .
Medicare PPO Blue SM	Prior authorization is not required .

CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The following CPT code is considered investigational for **Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity:**

CPT Codes

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

Description

Benign prostatic hyperplasia (BPH) is a common condition in older men, affecting to some degree 40% of men in their 50s, 70% of those between ages 60 and 69, and almost 80% of those ages 70 and older.¹ BPH is a histologic diagnosis defined as an increase in the total number of stromal and glandular epithelial cells within the transition zone of the prostate gland. In some men, BPH results in prostate enlargement which can, in turn, lead to benign prostate obstruction and bladder outlet obstruction, which are often associated with lower urinary tract symptoms including urinary frequency, urgency, irregular flow, weak stream, straining, and waking up at night to urinate. Lower urinary tract symptoms is the most commonly presenting urological complaint and can have a significant impact on the quality of life.¹

BPH does not necessarily require treatment. The decision on whether to treat BPH is based on an assessment of the impact of symptoms on quality of life along with the potential side effects of treatment. Options for medical treatment include alpha-1-adrenergic antagonists, 5-alpha-reductase inhibitors, anticholinergic agents, and phosphodiesterase-5 inhibitors. Medications may be used as monotherapy or in combination.²

Patients with persistent symptoms despite medical treatment may be considered for surgical treatment. The traditional standard treatment for BPH is transurethral resection of the prostate.

Transurethral water vapor thermal therapy has been investigated as a minimally invasive alternative to transurethral resection of the prostate. The procedure uses radiofrequency-generated water vapor (~103°C) thermal energy to ablate prostate tissue.³

Summary

For individuals who have benign prostatic hyperplasia who receive transurethral water vapor thermal therapy, the evidence includes one small, short-term sham-controlled randomized controlled trial with a four-year uncontrolled follow-up phase. The outcomes of interest are symptoms, quality of life, and treatment-related morbidity. At three months, lower urinary tract symptoms improved more in the intervention group compared to the sham procedure. No adverse effects on erectile or ejaculatory function were observed, and improvements were sustained through four years of follow-up. The evidence is limited by the small sample size, short-term duration, lack of blinding of longer-term outcomes, and lack of comparison to alternative treatments such as transurethral resection of the prostate. The evidence is insufficient to determine the effects of the technology on health outcomes.

Policy History

Date	Action
8/2020	BCBSA National medical policy review. Description, summary and references updated. Policy statement(s) unchanged.
8/2019	New medical policy describing ongoing investigational statement for Commercial plans. Policy statement was transferred from MP #400 Medical Technology Assessment Investigational (Non-Covered) Services List.

Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

[Medical Policy Terms of Use](#)

[Managed Care Guidelines](#)

[Indemnity/PPO Guidelines](#)

[Clinical Exception Process](#)

[Medical Technology Assessment Guidelines](#)

References

1. UpToDate. Medical treatment of benign prostatic hyperplasia. 2019. Available at: https://www.uptodate.com/contents/medical-treatment-of-benign-prostatic-hyperplasia?search=benign%20prostatic%20hyperplasia&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1. Accessed May 18, 2020.
2. Westwood, JJ, Geraghty, RR, Jones, PP, Rai, BB, Somani, BB. Rezum: a new transurethral water vapour therapy for benign prostatic hyperplasia.. *Ther Adv Urol*, 2018 Oct 23;10(11). PMID 30344644
3. McVary, KK, Roehrborn, CC. Three-Year Outcomes of the Prospective, Randomized Controlled Rezm System Study: Convective Radiofrequency Thermal Therapy for Treatment of Lower Urinary Tract Symptoms Due to Benign Prostatic Hyperplasia.. *Urology*, 2017 Nov 11;111:1-9. PMID 29122620
4. Kang TW, Jung JH, Hwang EC, et al. Convective radiofrequency water vapour thermal therapy for lower urinary tract symptoms in men with benign prostatic hyperplasia. *Cochrane Database Syst Rev*. Mar 25 2020; 3: CD013251. PMID 32212174
5. McVary, KK, Gange, SS, Gittelman, MM, Goldberg, KK, Patel, KK, Shore, NN, Levin, RR, Rousseau, MM, Beahrs, JJ, Kaminetsky, JJ, Cowan, BB, Cantrill, CC, Mynderse, LL, Ulchaker, JJ, Larson, TT, Dixon, CC, Roehrborn, CC. Minimally Invasive Prostate Convective Water Vapor Energy Ablation: A Multicenter, Randomized, Controlled Study for the Treatment of Lower Urinary Tract Symptoms Secondary to Benign Prostatic Hyperplasia.. *J. Urol.*, 2015 Nov 29;195(5). PMID 26614889
6. McVary, KK, Rogers, TT, Roehrborn, CC. Rezm Water Vapor Thermal Therapy for Lower Urinary Tract Symptoms Associated With Benign Prostatic Hyperplasia: 4-Year Results From Randomized Controlled Study.. *Urology*, 2019 Jan 25;126:171-179. PMID 30677455
7. American Urological Association Benign Prostatic Hyperplasia: Surgical Management of Benign Prostatic Hyperplasia/Lower Urinary Tract Symptoms, 2018 (amended 2019) Available at:

[https://www.auanet.org/guidelines/benign-prostatic-hyperplasia-\(bph\)-guideline](https://www.auanet.org/guidelines/benign-prostatic-hyperplasia-(bph)-guideline). Accessed May 18, 2020.