

Coverage of any medical intervention discussed in a Prevea360 Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Surgical and Minimally Invasive Treatments for Benign Prostatic Hypertrophy/Hyperplasia (BPH) MP9361

Covered Service: Yes

Prior Authorization Required: No

Additional Information: None

Prevea360 Health Plan Medical Policy:

- 1.0 The following surgical and minimally invasive interventions **do not** require prior authorization and are considered medically necessary for the treatment of benign prostate hypertrophy (BPH) for members with documented urinary outflow obstruction secondary to BPH:
 - 1.1 Fiber laser enucleation technologies, e.g. holmium laser ablation/enucleation/resection (HoLAP, HoLEP, HoLRP); thulium laser (ThuLEP)
 - 1.2 Transurethral Microwave Thermotherapy (TUMT)
 - 1.3 Transurethral needle ablation (TUNA) also known as radiofrequency thermotherapy
 - 1.4 Transurethral incision of the prostate (TUIP)
 - 1.5 Transurethral vaporization of the prostate (TUVP) therapies, including contact laser vaporization, electrovaporization, and photoselective vaporization (aka Green Light Laser PVP)
 - 1.6 Prostatic urethral lift (e.g. UroLift® System)
 - 1.7 Transurethral resection of the prostate (TURP)
 - 1.8 Transurethral laser coagulation therapies, including non-contact visual laser ablation of the prostate (VLAP) (e.g., ILCP, Indigo Laser)
 - 1.9 Prostatic stent insertion
 - 1.10 Water vapor thermal therapy (WVTT) (e.g., Rezum® System)
 - 1.11 Waterjet tissue ablation (e.g., AquaBeam® Robotic System)
- 2.0 The Health Plan considers the following approaches for the treatment of BPH to be experimental and investigational, and therefore not medically necessary:

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- 2.1 Transurethral balloon dilation of the prostate (TUBD) also known as Endoscopic Balloon Dilation
- 2.2 Transrectal microwave hyperthermia (TRMT)
- 2.3 Transurethral ultrasound laser induced prostatectomy (TULIP)
- 2.4 Water- induced thermotherapy (also known as hot-water balloon thermoablation and thermourethral hot-water therapy) (WIT)
- 2.5 Bipolar plasmakinetic electrovaporization (e.g., PlasmaKinetic™ Tissue Management Superpulse System). Gyrus ACMI, subsidiary of Olympus Corp. of Japan)
- 2.6 High-intensity, focused ultrasound (HIFU) (e.g., Sonablate®, Ablatherm)®
- 2.7 Prostatic arterial embolization (transcatheter embolization) (PAE)

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