

Evidence Based Guideline

Balloon Dilatation of the Prostatic Urethra

File Name: balloon_dilatation_of_the_prostatic_urethra
Origination: 12/1989
Last Review: 5/2003

Active guideline, no longer scheduled for routine literature review.

Description of Procedure or Service

Balloon dilatation of the prostatic [urethra](#) is a therapeutic procedure designed to spread the [urethra](#) to release the partial blockage caused by an enlarged [prostate gland](#). As men age, the [prostate gland](#) can enlarge. This is called benign prostatic hypertrophy (BPH). Since the [prostate gland](#) surrounds the [urethra](#), it may block the flow of urine. The balloon dilatation procedure is intended to help manage the symptoms associated with benign prostatic hypertrophy.

Under fluoroscopic guidance, a flexible balloon catheter is placed in the [urethra](#) at the level of the prostate above the external muscle fibers that close this opening. The balloon is inflated for a short period of time to distend the prostatic [urethra](#). The widening process is intended to relieve obstruction of the [urethra](#) caused by the enlarged prostate. It is also intended to alleviate the symptoms of benign prostatic hypertrophy (e.g., urinary retention (unable to urinate), urgency, hesitancy, [nocturia](#), and [dysuria](#)). No surgical specimen is obtained.

Evidence Based Guideline for Balloon Dilatation of the Prostatic Urethra

Not applicable.

Medical Evidence regarding Balloon Dilatation of the Prostatic Urethra indicates it is not recommended in the following situations:

Balloon dilatation of the prostatic [urethra](#) is not recommended as a treatment option for patients with symptoms of benign prostatic hypertrophy. Based on the paucity of published literature, it appears that balloon dilatation of the prostate has declined in popularity, in part due to the advent of other minimally invasive treatments for BPH.

Benefits Application

Please refer to certificate for availability of benefit. This guideline relates only to the services or supplies described herein. Benefits may vary according to benefit design; therefore certificate language should be reviewed before applying the terms of the policy.

Policy: Balloon Dilatation of the Prostatic Urethra

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable codes:

There is no specific code for this procedure.

Medical Term Definitions

Dysuria

painful or difficult urination.

Nocturia

excessive urination at night.

Prostate gland

a gland in the male that surrounds the neck of the bladder and the urethra. The prostate contributes to the seminal fluid for reproduction.

Urethra

the natural channel or tube through which urine passes from the bladder to outside of the body.

Scientific Background and Reference Sources

BCBSA Medical Policy Reference Manual - 12/95

Medical Policy Advisory Group Review 3/99

MEDLINE and MDCConsult literature search from 1995 through 2001

Bosch JL. Urodynamic effects of various treatment modalities for benign prostatic hyperplasia. *J Urol* 1997 Dec;158(6):2034-44.

Specialty Matched Consultant Advisory Panel - 5/2001

BCBSA Medical Policy Reference Manual; Review date 4/15/02; Policy 7.01.04

Specialty Matched Consultant Advisory Panel - 5/2003

American Urological Association (AUA). Practice Guidelines Committee. AUA guideline on management of benign prostatic hyperplasia (2003). Retrieved on January 29, 2008 from http://www.aunet.org/guidelines/main_reports/bph_management/chapt_1_appendix.pdf

Policy Implementation/Update Information

12/89 Evaluated: Investigational

7/96 Reviewed: National Association reviewed 12/95. Remains investigational. National policy to replace local policy.

Policy: Balloon Dilatation of the Prostatic Urethra

- 3/99 Reaffirmed. Medical Policy Advisory Group.
- 6/99 Reformatted, Description of Procedure or Service changed, Medical Term Definitions added.
- 10/00 System coding changes.
- 2/01 Reaffirm. No change in criteria.
- 5/01 Specialty Matched Consultant Advisory Panel review (5/2001). No change to policy. Coding format changes.
- 6/03 Specialty Matched Consultant Advisory Panel review (5/23/2003). Policy status changed to: "Active policy, no longer scheduled for routine literature review". Benefits Application statement revised.
- 12/03 Billing/Coding section updated for consistency.
- 2/25/08 Under Billing/Coding section, removed CPT code 52510 which has been deleted from the CPT Codebook effective 12/31/07. Medical Policy changed to Evidence Based Guideline. (pmo)
- 5/18/09 Removed "Next Review" date from header information. EBG is no longer scheduled for routine literature review. (pmo)
- 6/22/10 Policy Guideline Number(s) removed (amw)

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.