BlueCross BlueShield of North Carolina

Evidence Based Guideline

Transurethral Radiofrequency Needle Ablation of the Prostate

File Name: transurethral_radiofrequency_needle_ablation_of_the_prostate
Origination: 3/1998
Last Review: 5/2003

Active guideline, no longer scheduled for routine literature review.

Description of Procedure or Service

The prostate is a part of the male reproductive system and is about the same size and shape as a walnut and weighs about an ounce. It is located below the bladder and in front of the rectum and surrounds the urethra, the tube-like structure that carries urine from the bladder out through the penis. The prostate often enlarges with age causing bladder outlet obstruction. The most common term used is **benign** prostatic hyperplasia or BPH and is a common urological condition. Hyperplasia is a type of overgrowth of tissues in the body. Since the prostate surrounds the urethra just below the bladder, its enlargement can result in symptoms that irritate or partially block the flow of urine. Symptoms include the need to frequently empty the bladder, especially at night, difficulty in starting the urine flow or dribbling after urination ends. Also, size and strength of the urine stream may decrease. **Transurethral** radiofrequency needle ablation of the prostate (also known as TUNA or RFNA) is a procedure to treat this condition. It involves inserting needles into the prostate, and using sound waves to create heat and destroy or ablate some of the tissue that is creating the blockage of urine flow from the body.

TUNA has been proposed as an alternative to the **transurethral** resection of the prostate (TURP) to treat this condition. Other alternatives include the following:

- **Transurethral** incision of the prostate
- Intraurethral stents
- Balloon dilatation
- Heat Therapy (e.g. microwave hyperthermia)
- High intensity focused ultrasound (HIFU)
- Roller ball **transurethral** vaporization of the prostate
- Laser treatment

The **transurethral** radiofrequency needle ablation or TUNA procedure uses thermal coagulation to destroy the tissue overgrowth. The procedure is performed under direct vision through the urethra. Each lobe of the prostate is treated 2 to 4 times. The procedure takes approximately 30 minutes. The advantages to this procedure over the more invasive surgical resection is the ease of performance; it can be done in an outpatient setting with minimal anesthesia; and it avoids the major complications of the **transurethral** resection procedure.

Evidence Based Guideline for Transurethral Radiofrequency Needle Ablation of

the Prostate (TUNA)

Transurethral Radiofrequency Needle Ablation of the Prostate may be appropriate as a treatment for bladder outlet obstruction secondary to prostatic enlargement.

Medical Evidence regarding Transurethral Radiofrequency Needle Ablation of the Prostate (TUNA) indicates it is not recommended in the following situations:

When the criteria listed above has not been met.

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.

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: 53852

Medical Term Definitions

Benign

not malignant, not recurrent, favorable for recovery.

Transurethral

through the urethra.

Scientific Background and Reference Sources

BCBSA's TEC evaluation and Medical Policy issued 1/30/98

MEDline Search, January 1997 through February 1998

Medical Policy Advisory Group - 12/2/1999

Specialty Matched Consultant Advisory Panel - 5/2001

BCBSA Medical Policy Reference Manual - Review date 7/12/02 - Policy 7.01.59

UrologyHealth.org - http://www.urologyhealth.org/ Accessed 4/30/03 re: Minimally Invasive Management of BPH (prostatism)

Specialty Matched Consultant Advisory Panel - 5/2003

Policy Implementation/Update Information

3/98 Original Policy

7/99 Reformatted, Description of Procedure or Service changed, Medical Term Definitions added.

12/99 Reaffirmed, Medical Policy Advisory Group

4/01 System changes.

5/01 Specialty Matched Consultant Advisory Panel review (5/2001). Changed criteria from covered indication of benign prostatic hypertrophy to treatment for bladder outlet obstruction secondary to prostatic enlargement.

6/03 Specialty Matched Consultant Advisory Panel review (5/23/2003). Revised Description section for clarity. Revised Benefits Application section. Policy status changed to: "Active policy, no longer scheduled for routine literature review".

9/18/06 Medical Policy changed to Evidence Based Guideline. (pmo)

6/22/10 Policy Guideline Number(s) removed (amw)