

Evidence Based Guideline

Water Induced Thermotherapy for Treatment of Benign Prostatic Hypertrophy

File Name: water_induced_thermotherapy_for_treatment_of_benign_prostatic_hypertrophy
Guideline Number: EBG.MED1478
Origination: 2/2002
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 non-malignant enlargement of the prostate gland. 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.

Water induced thermotherapy (WIT) is a minimally invasive treatment option alternative for transurethral resection of the prostate (TURP). The technology involves a catheter with an inflatable balloon that has hot water running through it. The catheter is inserted into the urethra, as the balloon is inflated, conductive heat allows for destruction of the prostatic tissue. Water induced thermotherapy is performed in a single, 45 minute outpatient treatment session without anesthesia. Patients typically require catheterization for at least one week due to post-procedure sloughing of prostatic tissue.

The Thermoflex™ Water Induced Thermotherapy System received approval from the U.S. Food and Drug Administration (FDA) through a 510(k) process for the following labeled indication:

"The Thermoflex™ system is intended for the treatment of symptoms due to urinary outflow obstruction secondary to benign prostate hyperplasia (BPH). It is indicated for use in men over the age of 50 years with prostate lengths between 2.0 cm and 6.4 cm who present with symptoms of urinary outflow BPH."

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Water induced thermotherapy (WIT) may be appropriate as a treatment of benign prostatic hypertrophy when **all** of the following criteria are met:

- Men over the age of 50 years; **and**
- Prostate length measurements between 2.0 cm and 6.4 cm; **and**
- Men with symptoms of urinary outflow obstruction secondary to benign prostatic hypertrophy.

Policy: Water Induced Thermotherapy for Treatment of Benign Prostatic Hypertrophy

Medical Evidence regarding Water Induced Thermotherapy for Treatment of Benign Prostatic Hypertrophy indicates it is not recommended in the following situations:

When the above criteria are not 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:

There is no specific code for this procedure. To report, use the most appropriate unlisted code such as 55899.

Medical Term Definitions

Not applicable.

Scientific Background and Reference Sources

BCBSA Medical Policy Reference Manual, 11/20/01; 2.01.49

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

- 2/02 Original policy issued.
- 3/02 System coding changes and system application guidelines updated.
- 6/03 Specialty Matched Consultant Advisory Panel review (5/23/2003). Description section revised for clarity. Policy status changed to: "Active policy, no longer scheduled for routine literature review."
- 9/18/06 Medical Policy changed to Evidence Based Guideline. (pmo)
- 3/2/09 CPT Code 53853 removed from Billing/Coding section-code deleted as of 12/31/08. (pmo)

Policy: Water Induced Thermotherapy for Treatment of Benign Prostatic Hypertrophy

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.