I. POLICY/Criteria

A. Prostatic artery embolization (PAE) may be a covered benefit for benign prostatic hyperplasia (BPH) when all of the following are met:
   1. Evaluation and referral by a urologic surgeon
   2. Moderate to severe lower urinary tract symptoms (LUTS)
   3. Refractory to at least 6 months of medical therapy
   4. Prostate volume too large (>80gm) for transurethral procedure
   5. Poor surgical candidate for open prostatectomy
   6. Prostate Specific Antigen (PSA) <2.5 ng/mL, OR PSA >2.5 ng/mL and ≤10 ng/mL AND free PSA > 25% of total PSA
   7. None of the following:
      a. Active prostatitis or urinary tract infection
      b. Cystolithiasis within the past 3 months
      c. History of prior pelvic irradiation
      d. History of prostate, bladder, or rectal cancer
      e. History of transurethral resection of the prostate (TURP), open prostate surgery, or radiofrequency or microwave therapies of prostate
      f. Serum creatinine values >1.7mg/dl or glomerular filtration rates less than 50.
      g. Confounding bladder or urethral conditions (e.g. neurogenic bladder, urethral stricture)

B. PAE for all other conditions, and for those not meeting criteria in IA, is considered experimental and investigational and not a covered benefit.

II. MEDICAL NECESSITY REVIEW

☐ Required ☒ Not Required ☐ Not Applicable

III. APPLICATION TO PRODUCTS

Coverage is subject to member’s specific benefits. Group specific policy will supersede this policy when applicable.
IV. BACKGROUND

Prostatic arterial embolization (PAE) is a minimally invasive procedure for benign prostatic hyperplasia (BPH) to improve lower urinary tract symptoms (nocturia, hesitancy, urgency, frequency, decreased urinary flow, incomplete emptying) by decreasing the prostate volume. The procedure is offered as an alternative to transurethral resection of the prostate (TURP) or open prostatectomy. PAE selectively occludes small prostatic arteries and deprives the enlarged prostate of blood supply and nutrients. This leads to ischemic necrosis and shrinkage of the affected section of the prostate gland. The procedure is performed using a percutaneous transfemoral approach by an interventional radiologist under local anesthesia and sedation. The arterial occlusion may be achieved through the use of polyvinyl alcohol particles, coil embolizers, or microspheres.
In June 2017, the FDA granted Embosphere Microspheres additional 510(k) clearance for embolization of prostatic arteries (EPA) for symptomatic benign prostatic hyperplasia (BPH), making it a prostatic artery embolization device. Embosphere Microspheres are currently indicated for use in embolization of arteriovenous malformations, hypervascular tumors, including symptomatic uterine fibroids, and prostatic arteries for symptomatic BPH.

V. CODING INFORMATION

ICD-10 Codes that may support medical necessity:
N40.0  Benign prostatic hyperplasia without lower urinary tract symptoms
N40.1  Benign prostatic hyperplasia with lower urinary tract symptoms
N40.2  Nodular prostate without lower urinary tract symptoms
N40.3  Nodular prostate with lower urinary tract symptoms

CPT/HCPCS Codes:
37243  Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction

VI. REFERENCES

4. Hayes, Inc. Prostatic Artery Embolization for Benign Prostatic Hypertrophy, August 2017
5. American Urological Association Clinical Guideline, Management of Benign Prostatic Hyperplasia (BPH) Published 2010; Reviewed and Validity Confirmed 2014
7. Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH) and Other Genitourinary Conditions, Anthem Blue Cross Medical Policy @ https://www11.anthem.com/ca/medicalpolicies/policies/mp_pw_a053318.htm (Retrieved August 15, 2017)


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