

**PROSTATIC ARTERY EMBOLIZATION FOR
BENIGN PROSTATIC HYPERPLASIA (BPH)**

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Review Dates: 11/17, 11/18
Status: Current

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.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, this policy applies.*
- ❖ **MEDICAID/HEALTHY MICHIGAN PLAN:** *For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html, the Michigan Medicaid Provider Manual will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.*

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:

- N40.1 Benign prostatic hyperplasia with 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 road mapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction

VI. REFERENCES

1. Aetna Clinical Policy Bulletin. Benign Prostatic Hypertrophy (BPH) Treatments @ http://www.aetna.com/cpb/medical/data/1_99/0079.html (Retrieved August 15, 2017 & October 5, 2018)
2. American Urological Association Clinical Guideline, Management of Benign Prostatic Hyperplasia (BPH) Published 2010; Reviewed and Validity Confirmed 2014
3. Anthem Blue Cross Medical Policy. Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH) and Other Genitourinary Conditions, @ https://www11.anthem.com/ca/medicalpolicies/policies/mp_pw_a053318.htm (Retrieved August 15, 2017 & October 5, 2018)
4. Cigna Coverage Policy. Benign Prostatic Hyperplasia (BPH) Treatments, @ <https://cignaforhcp.cigna.com/web/public/resourcesGuest> (Retrieved August 15, 2017 & October 5, 2018)
5. Hayes, Inc. Prostatic Artery Embolization for Benign Prostatic Hypertrophy, August 2017.
6. Humana Medical Coverage Policy. Benign Prostatic Hyperplasia (BPH) Treatments, @ <http://apps.humana.com/tad> (Retrieved August 15, 2017 & October 5, 2018).
7. Kuang M, Vu A, Athreya. *A Systematic Review of Prostatic Artery Embolization in the Treatment of Symptomatic Benign Prostatic Hyperplasia*. S.Cardiovasc Intervent Radiol. 2017 May; 40(5):655-663.

8. Mirakhur A, McWilliams JP *Prostate Artery Embolization for Benign Prostatic Hyperplasia: Current Status*. *Can Assoc Radiol J*. 2017 Feb; 68(1):84-89. Review
9. Society of Interventional Radiology Position Statement , *J Vasc Interv Radiol* 2014; 25:1349–1351
10. Uflacker A, Haskal ZJ, Bilhim T, Patrie J, Huber T, Pisco JM. *Meta-Analysis of Prostatic Artery Embolization for Benign Prostatic Hyperplasia*. *J Vasc Interv Radiol*. 2016 Nov; 27(11):1686-1697.

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