

Benign Prostatic Hyperplasia (BPH) Treatments

Policy Number: **M20260922050**
 Effective Date: **11/1/2026**
 Sponsoring Department: **Health Care Services**
 Impacted Department(s): **Health Care Services**

Type of Policy: ☒ Internal ☒ External

Data Classification: ☐ Confidential ☐ Restricted ☒ Public

Applies to (Line of Business):

- ☐ Corporate (All)
 ✦ State Products, if yes which plan(s): ☒ MediSource; ☒ MediSource Connect; ☒ Child Health Plus; ☒ Essential Plan
 ✦ Medicare, if yes, which plan(s): ☒ MAPD; ☒ PDP; ☒ ISNP; ☒ CSNP
 ✦ Commercial, if yes, which type: ☒ Large Group; ☒ Small Group; ☒ Individual
☒ Self-Funded Services (*Refer to specific Summary Plan Descriptions (SPDs) to determine any pre-authorization or pre-certification requirements and coverage limitations. In the event of any conflict between this policy and the SPD of a Self-Funded Plan, the SPD shall supersede the policy.*)

Excluded Products within the Selected Lines of Business (LOB)

N/A

Applicable to Vendors? Yes ☐ No ☒

Purpose and Applicability:

To set forth the medical necessity criteria for benign prostatic hyperplasia (BPH) treatments

Policy:

Background

Benign prostatic hyperplasia (BPH) is caused by the abnormal growth of benign (non-cancerous) prostate cells which enlarges the prostate gland. The gland may push against the bladder and urethra, causing lower urinary tract symptoms that include urinary outflow obstruction such as increased frequency of urination, hesitancy, nocturia (urinating at night), urgency and weak urinary stream. This policy will cover several surgical treatments designed to relieve obstruction.

Initial treatment for BPH is usually drug therapy (e.g., alpha blocker, PDE5 Inhibitor, finasteride/dutasteride) designed to relieve obstruction. There are several surgical treatments for BPH that involve burning, cutting or removal of prostatic

tissue. The most commonly performed minimally invasive treatments for BPH include transurethral resection of the prostate (TURP), vaporization, laser ablation, laser enucleation, open laparoscopic prostatectomy, transurethral microwave therapy (TUMT), transurethral needle ablation of the prostate (TUNA) and UroLift.

The Prostatic Urethral Lift procedure (e.g., UroLift® System) is a minimally invasive approach to treating symptoms of urinary outflow obstruction secondary to benign prostatic hypertrophy (BPH). The Prostatic Urethral Lift (PUL) procedure lifts or holds the enlarged prostate tissue out of the way so it no longer blocks the urethra.

The PUL procedure consists of small permanent trans-prostatic implants, made with common implantable materials, (i.e., nitinol, stainless steel, and PET suture), placed cystoscopically to compress the prostate tissue, therefore increasing the urethral lumen and reducing obstruction to urine flow. In general, 4 or 5 implants are delivered into the prostatic urethra to maintain urethral patency.

Water Vapor Thermal Therapy (e.g., Rezum System) which uses convective radiofrequency (RF) water vapor energy to treat men with moderate-to-severe lower urinary tract symptoms.

Aquablation® (AquaBeam® by Procept BioRobotics) uses image guided waterjet ablation that is heat free and requires general anesthesia.

Transurethral Ultrasound Ablation (TULSA; TULSA-Pro) uses ultrasound to produce a high temperature to ablate the prostate via a catheter through the urethra. The TULSA-Pro also combines the use of Magnetic Resonance Imaging (MRI) to direct the robot driven ultrasound.

Transurethral balloon dilation (e.g., Optilume) is a medical procedure where a small balloon is put into the body through the urethra. The balloon is filled with air or liquid that helps push back the tissue and stretch the urethra if it has become too narrow.

Independent Health considers the following approaches to the treatment of benign prostatic hypertrophy (BPH) medically necessary for customers with benign prostatic hypertrophy:

- Transurethral resection of the prostate (TURP)
- Laser prostatectomy
- Laser based procedures including contact laser ablation of the prostate (CLAP)
- Holmium laser ablation, enucleation, resection (HoLAP, HoLEP, HoLRP)
- Open laparoscopic prostatectomy
- Photoselective vaporization of the prostate (PVP)
- Transurethral electrovaporization (TUVF, TVP, TUEP, TUVRP)
- Transurethral microwave thermotherapy (TUMT)
- Transurethral incision of the prostate (TUIP)

Commercial and Self-Funded: benign prostatic hyperplasia (BPH) treatments may be covered utilizing the criteria below.

Medicare Advantage: There is currently a Local Coverage Determinations (LCD) for transurethral waterjet ablation (Aquablation®). Please refer to the links listed in the Reference section for Medicare Advantage members. In the absence of CMS criteria, the commercial criteria below will be utilized for other benign prostatic hyperplasia (BPH) treatments.

MediSource, MediSource Connect, Child Health Plus and Essential Plan: MediSource, MediSource Connect, Child Health Plus and Essential Plan cover benign prostatic hyperplasia (BPH) treatments utilizing the Commercial and Self-Funded criteria below. Transurethral destruction of prostate tissue also known as the Rezum™ System (53854) is not covered per eMedNy.

Clinical Indications

Prostatic urethral lift (e.g., UroLift) is considered medically necessary for the treatment of symptomatic benign prostatic hyperplasia (BPH) when **ALL** of the following criteria are met:

- Age 45 or above
- Estimated prostate volume < 100 cc
- Failure, contraindication, or intolerance to a trial of conventional medication therapy for BPH. (e.g., alpha blocker, PDE5 Inhibitor, finasteride/dutasteride)

Water vapor thermal therapy (Rezum™ System) is considered medically necessary for the treatment of symptomatic benign prostatic hyperplasia (BPH) when **ALL** of the following criteria are met:

- Age 50 or above
- Symptomatic despite maximal medical management including **ALL** of the following:
 - International Prostate Symptom Score (IPSS) greater than or equal to 12
 - Maximum urinary flow rate (Qmax) of less than or equal to 15 ml/s (voided volume greater than 125cc)
 - Failure, contraindication, or intolerance to at least three months of conventional medical therapy for BPH. (e.g., alpha blocker, PDE5 Inhibitor, finasteride/dutasteride)
- Prostate volume of 30-80 ml

Transurethral waterjet ablation (Aquablation®) using the AquaBeam® System is considered medically necessary for the treatment of symptomatic benign prostatic hyperplasia (BPH) when **ALL** of the following criteria are met:

- Age 45 or above
- Symptomatic despite maximal medical management including **ALL** of the following:
 - International Prostate Symptom Score (IPSS) greater than or equal to 12
 - Maximum urinary flow rate (Qmax) or less than or equal to 15 ml/s (voided volume greater than 125cc)
 - Failure, contraindication, or intolerance to at least three months of conventional medical therapy for BPH. (e.g., alpha blocker, PDE5 Inhibitor, finasteride/dutasteride)
- Prostate volume of 30-150cc

Exclusions

The UroLift® System is **NOT COVERED** for **ANY** of the following contraindications:

- Prostate volume of >100 cc
- A urinary tract infection
- Urethra conditions that may prevent insertion of delivery system into the bladder
- Urinary incontinence
- Current gross hematuria
- A known allergy to nickel

Transurethral waterjet ablation or water vapor thermal therapy are not medically necessary and **NOT COVERED** for **ANY** of the following:

- Known or suspected prostate cancer or prostate specific antigen (PSA) greater than 10ng/mL unless there is a negative prostate biopsy within the last 6 months
- Active urinary tract infection

- History of bacterial prostatitis in the past three (3) months
- Prior prostate surgery
- Neurogenic bladder
- Active urethral stricture

NOT COVERED for **ANY** of the following:

- Transurethral ultrasound ablation (TULSA; TULSA-Pro) procedure proposed for the treatment of benign prostate hypertrophy is considered **investigational** because there is a low-quality body of evidence regarding the safety and effectiveness of the procedure compared with other treatments
- Transurethral balloon dilation procedure using drug coated balloons (e.g., the Optilume) proposed for the treatment of benign prostate hypertrophy and/or urethral stricture is considered **investigational** because there is a low-quality body of evidence regarding the safety and effectiveness of the procedure compared with other treatments
- For MediSource, MediSource Connect, Child Health Plus and Essential Plan members; Transurethral destruction of prostate tissue also known as the Rezūm™ System is not covered

Pre-Authorization Required? Yes ☒ No ☐

Definitions

N/A

References

Related Policies, Processes and Other Documents

N/A

Non-Regulatory References

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Version Control

Signature / Approval on File? Yes ☒ No ☐

Revision Date	Policy Author / Owner	Notes
11/1/2026	Health Care Services	New Policy