Transurethral Waterjet Ablation of Prostate

Policy Number: 066

<table>
<thead>
<tr>
<th>Authorization Required</th>
<th>Commercial and Qualified Health Plans</th>
<th>MassHealth</th>
<th>Medicare Advantage</th>
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<tr>
<td>No Prior Authorization</td>
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Overview
The purpose of this document is to describe the guidelines Mass General Brigham Health Plan utilizes to determine the medical necessity for transurethral waterjet ablation (also referred to as robotic waterjet ablation or Aquablation) to treat lower urinary tract symptoms (LUTS) attributable to benign prostatic hyperplasia (BPH). The treating specialist must request prior authorization for the procedure.

Coverage Guidelines
The use of an FDA approved device (e.g., Aquabeam Robotic System) to treat BPH may be considered medically necessary for members less than or equal to 80 years of age when ALL of the following have been met:

1. The member has persistent moderate to severe symptoms LUTS despite maximal medical management including ALL of the following:
   a. Failure, contraindication, or intolerance to at least three months of conventional medical therapy for LUTS/BPH such as alpha blockers, PDE5 inhibitors, and finasteride/dutasteride
   b. International Prostate Symptom Score ≥ 12
   c. Maximum urinary flow rate (Qmax) of ≤ 15 mL/s (voided volume greater than 125 cc)
2. The prostate gland volume is 30-150 cc by transrectal ultrasound (TRUS)

Exclusions
1. Known or suspected prostate cancer (based on NCCN Prostate Cancer Early Detection guidelines) or a prostate specific antigen (PSA) >10 ng/mL unless the patient has had a negative prostate biopsy within the last 6 months
2. Body mass index ≥ 42kg/m²
3. Bladder cancer, neurogenic bladder, bladder calculus or clinically significant bladder diverticulum
4. Active urinary tract or systemic infection
5. Known allergy to device materials
6. Treatment for chronic prostatitis
7. Diagnosis of urethral stricture, meatal stenosis, or bladder neck contracture
8. Damaged external urinary sphincter
9. Inability to safely stop anticoagulants or antiplatelet agents preoperatively

Medicare Variations
Mass General Brigham Health Plan uses guidance from the Centers for Medicare and Medicaid Services (CMS) for coverage determinations for its Medicare Advantage plan members. National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs) and documentation included in the Medicare manuals are the basis for coverage determinations. When there is no guidance from CMS for the
requested service, Mass General Brigham Health Plan’s medical policies are used for coverage determinations. At the time of Mass General Brigham Health Plan’s most recent policy review, Medicare includes coverage guidelines for the following:

- LCD: Fluid Jet System Treatment for LUTS/BPH (L38367)
- Local Coverage Article: Billing and Coding: Fluid Jet System Treatment for LUTS/BPH (A56797)

Definitions
Transurethral waterjet ablation: A minimally invasive procedure that uses a high-velocity water jet combined with real-time, imaging and robotics, to resect and remove a predetermined volume of prostatic tissue.

CPT/HCPC Codes

<table>
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<tr>
<th>Authorized CPT/HCPCS Codes</th>
<th>Code Description</th>
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<tr>
<td>0421T</td>
<td>Transurethral waterjet ablation of prostate, including control of post-operative bleeding, including ultrasound guidance, complete (vasectomy,</td>
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<td>meatomomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included when performed)</td>
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<td>C2596</td>
<td>Probe, image guided, robotic, waterjet ablation</td>
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Effective
July 2023: Effective Date.

References


