Mass General Brigham
Health Plan

Medical Policy
Transurethral Waterjet Ablation of Prostate

Policy Number: 066

	Commercial and Qualified Health Plans	Mass General Brigham ACO	Medicare Advantage	OneCare	Senior Care Options (SCO)
Authorization Required	X		X	X	X
No Prior Authorization					
Not Payable		X			

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 greater than or equal to 42kg/m^2
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 Variation
Mass General Brigham Health Plan uses guidance from the Centers for Medicare and Medicaid Services (CMS) for medical necessity 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 medical necessity determinations. When there is no guidance from CMS for the requested service, Mass General Brigham Health Plan's medical policies are used for medical necessity 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)**
- **LCD: Transurethral Waterjet Ablation of the Prostate (L38726)**
- **LCD: Transurethral Waterjet Ablation of the Prostate (L38705)**
- **LCD: Transurethral Waterjet Ablation of the Prostate (L38712)**
- **LCD: Transurethral Waterjet Ablation of the Prostate (38707)**
- **LCD: Transurethral Waterjet Ablation of the Prostate (L38549)**
- **LCD: Transurethral Waterjet Ablation of the Prostate (L38682)**
- **LCD: Fluid Jet System in the Treatment of Benign Prostatic Hyperplasia (BPH) (L38378)**

MassHealth Variation
Mass General Brigham Health Plan uses guidance from MassHealth for medical necessity determinations for its Mass General Brigham ACO members. When there is no guidance from MassHealth for the requested service, Mass General Brigham Health Plan's medical policies are used for medical necessity determinations. **At the time of Mass General Brigham Health Plan's most recent policy review, MassHealth did not consider transurethral waterjet ablation of the prostate payable.**

OneCare and SCO Variation
Mass General Brigham Health Plan uses guidance from CMS for medical necessity determinations for its OneCare and SCO plan members. NCDs, LCDs, LCAs, and documentation included in the Medicare manuals are the basis for medical necessity determinations. When there is no guidance from CMS for the requested service, Mass General Brigham Health Plan uses medical necessity guidelines from MassHealth. When there is no guidance from CMS or from MassHealth, Mass General Brigham Health Plan's medical policies are used for medical necessity determinations.

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

Authorized CPT/HCPCS Codes	Code Description
0421T	Transurethral waterjet ablation of prostate, including control of post-operative bleeding, including ultrasound guidance, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration

	and/or dilation, and internal urethrotomy are included when performed)
C2596	Probe, image guided, robotic, waterjet ablation

Effective
January 2026: Ad hoc review. Updated prior authorization table and added variation for OneCare and SCO members. Clarified MassHealth Variation.
March 2025: Annual review. Added LCDs. Clarified MassHealth variation. References updated.
December 2024: Ad hoc review. Added MassHealth Variation.
March 2024: Annual review.
July 2023: Effective Date.

References
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