Medical Policy

PARAMOUNT

HMO AND PPO
ELITE (MEDICARE ADVANTAGE)
MARKETPLACE

Temporary Prostatic Urethral Stent

Policy Number: PG0154
Last Review: 02/13/2023

GUIDELINES:

- This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder terms, conditions, exclusions, and limitations contract. It does not constitute a contract or guarantee regarding coverage or reimbursement/payment. Self-Insured group specific policy will supersede this general policy when group supplementary plan document or individual plan decision directs otherwise.
- Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards.
- This medical policy is solely for guiding medical necessity and explaining correct procedure reporting used to assist in making coverage decisions and administering benefits.

SCOPE:

X Professional
X Facility

DESCRIPTION:

Prostatic obstruction is a common condition with a variety of etiologies. Benign prostatic hyperplasia (BPH), a noncancerous increase in size of the prostate gland, is the most common etiology, but obstruction may also occur acutely after surgical treatment for BPH, prostatic cancer or after radiation therapy. Symptoms may include frequent urination, trouble starting to urinate, weak stream, inability to urinate, or loss of bladder control. Temporary intraprostatic stenting has been investigated as a short-term treatment option permitting volitional urination as an alternative to the commonly used Foley catheter in which urine is collected in an external bag. In addition to volitional urination, the ideal temporary stent would be one that could be easily inserted and removed without migration, permitting adequate emptying of the bladder without disrupting the external sphincter such that continence could be maintained.

The Spanner temporary stent is composed of a proximal balloon to prevent distal displacement, a urine port situated cephalad to the balloon, and a reinforced stent of various lengths to span most of the prostatic urethra. The distal anchor is shaped like a teardrop and positioned in the distal meatus. As the patient voids, the force of the urine compresses the device against the sides of the meatus, thus minimally obstructing the urine flow. A distal anchor mechanism is attached by sutures. Finally, a retrieval suture extends to the meatus and deflates the proximal balloon when pulled. The insertion of this device may be as an outpatient procedure with the patient under topical anesthesia or as an office procedure without anesthesia.

The iTind is a temporary implantable nitinol device (TIND) comprised of three elongated struts, which are configured at 12, 5, and 7 o'clock positions using interlaced nitinol wires, an anti-migration anchoring leaflet, and a retrieval suture for removal. The iTind device is placed with the prostatic urethra in a folded configuration. Once in place, the iTind expands and its pressure struts exert longitudinal force on the prostatic urethra and the bladder neck. Over the course of 5 to 7 days, ischemia, necrosis, and scarring, create deep longitudinal incisions through which urine can flow. At post-operative day 5 to 7, the iTind is removed.

POLICY:

Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans
Effective April 1, 2023:

Use of a temporary prostatic stent (53855) is considered experimental or investigational, for the treatment of benign prostatic hyperplasia, for all indications.

COVERAGE CRITERIA:

Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans

Use of a temporary prostatic stent for the treatment of BPH is considered experimental or investigational for all indications. The evidence is insufficient to determine the effects of the technology on health outcomes.

Including, but not an all-inclusive listing:

- **Spanner**
- **iTind**

CODING/BILLING INFORMATION:

The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

CPT CODES	
53855	Insertion of a temporary prostatic urethral stent, including urethral measurement

REVISION HISTORY EXPLANATION: ORIGINAL EFFECTIVE DATE: 05/15/2008

Date	Explanation & Changes
08/15/2009	• Updated verbiage
11/15/2009	• Code change
01/01/2011	• No changes
04/01/2011	• Removed verbiage for procedure code 52282
12/15/2011	• Updated review
02/03/2012	• Re-review completed at Medical Policy for coverage determination • Effective 02/03/12 - per review of the Medical Policy Reimbursement Steering Committee, it was determined that the temporary stent is a variation of the already approved permanent stent, which has a Hayes rating of B • The level of evidence for the temporary urethral stent is weak and lacks study criteria to be appropriately rated by Hayes Technology
06/20/2014	• Temporary prostatic urethral stents (53855) are now covered without prior authorization for all product lines per TAWG review • Policy reviewed and updated to reflect most current clinical evidence per TAWG
08/08/2017	• Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee
12/15/2020	• Medical policy placed on the new Paramount Medical Policy Format
02/09/2023	• Medical Policy updated to reflect Medicaid coverage to Anthem as of 02/01/2023
02/13/2023	• Policy reviewed and updated to reflect most current clinical evidence • Effective April 1, 2023, the use of a temporary prostatic stent is considered experimental or investigational for all indications, for all product lines
02/21/2024	• Medical Policy placed on the new Paramount Medical Policy format

Paramount reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to https://www.paramounthealthcare.com/providers/medical-policies/policy-library

REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services https://www.ama-assn.org/amaone/cpt-current-procedural-terminology

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update

U.S. Preventive Services Task Force, https://www.uspreventiveservicestaskforce.org/uspstf/
Industry Standard Review

Hayes, Inc., https://www.hayesinc.com/

Industry Standard Review