Medical Coverage Policy

Temporary Prostatic Stent

☐ Device/Equipment ☐ Drug ☐ Medical ☐ Surgery ☐ Test ☒ Other

Effective Date:	5/4/2010	Policy Last Updated:	4/3/2012

☐ **Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.**

☒ **Prospective review is not required.**

Description:
Prostatic obstruction is a common condition with a variety of etiologies. Obstruction may also occur acutely after surgical treatment for benign prostatic hyperplasia, prostatic cancer, or after radiation therapy.

Prostatic stenting has been investigated as a short-term treatment option permitting volitional urination. This is an alternative to a Foley catheter, in which urine is collected in an external bag. A prostatic stent is used to keep the male urethra open and allow the passage of urine without an external bag.

There are two types of prostatic stents: permanent and temporary.

Permanent prostatic stent
A permanent prostatic stent is an outpatient surgical procedure. Using local, topical, or spinal anesthesia, the procedures normally takes between 15-30 minutes.

Temporary prostatic stent
The insertion/removal process is similar to that of a urethral catheter and requires only topical anesthesia. A temporary prostatic stent may be inserted or removed in the physician's office.

Permanent prostatic stents are covered. **This policy refers only to temporary prostatic stents.**

The SpannerTM is the only temporary stent approved by the FDA. The Spanner is intended for temporary use (up to 30 days) to maintain urine flow and allow voluntary urination in patients following minimally invasive treatment for benign prostatic hyperplasia (BPH) and initial post-treatment catheterization.[1]

At this time temporary prostatic stents are not medically necessary as there is insufficient peer-reviewed scientific literature that demonstrates that the device will provide a marked improvement in net health outcomes.

Medical Criteria:
Temporary prosthetic stents are **medically necessary for BlueCHiP for Medicare members only**, and are **not medically necessary** for all other lines of business (or product lines) because there is insufficient data in published, peer-reviewed scientific literature to demonstrate its safety and efficacy in the treatment of prostatic obstruction.

Medicare policy is developed separately from BCBSRI policy. Medicare policy incorporates consideration of governmental regulations from CMS (Centers for Medicare and Medicaid Services), such as national

coverage determinations or local coverage determinations. In addition to benefit differences, CMS may reach different conclusions regarding the scientific evidence than does BCBSRI. Medicare and BCBSRI policies may differ. However, BlueCHiP for Medicare members must be offered, at least, the same services as Medicare offers.

Policy:
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Coverage:
Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement, or Benefit Booklet for applicable **not medically necessary** benefits/coverage.

Coding:
The following code is covered for BlueCHip for Medicare members only:
53855 Insertion of a temporary prostatic urethral stent, including urethral measurement

Also known as:
The Spanner™

Related to:
Not applicable

Published:
Provider Update, July 2010
Provider Update, July 2011
Provider Update, June 2012

References:

[1]FDA U.S. Food and Drug Administration. The Spanner™ Temporary Prostatic Stent - P060010. Approval Date: December 14, 2006. Referenced on 4/5/10: http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/DeviceApprovalsandClearances/Recently-ApprovedDevices/ucm077296.htm.

Blue Cross Blue Shield Association Medical Policy Reference. Policy 2.01.70 - Temporary Prostatic Stent. Reviewed with literature search/September 2009.

Center for Medicare & Medicaid Services. MLN Matters. January 2010 Update of the Ambulatory Surgical Center (ASC) Payment System. Accessed on 4/9/10: http://www.cms.gov/MLNMattersArticles/downloads/MM6746.pdf

Shore ND, Dineen MK, Saslawsky MJ, Lumerman JH, Corica AP. *A Temporary Intraurethral Prostatic Stent Relieves Prostatic Obstruction Following Transurethral Microwave Thermotherapy.* The Journal of Urology;March 2007;177(3);1040-1046.

to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice.