Medical Coverage Policy
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Benign prostatic hyperplasia treatments

Background

Benign Prostatic Hyperplasia (BPH) is an increase in the total number of prostatic stromal and glandular epithelial cells in the transition zone of the prostate gland. Along with benign prostatic hypertrophy (increase in the size of the individual cells), BPH results in prostatic enlargement. The enlarged gland may press against the bladder and the urethra resulting in lower urinary tracts symptoms such as increased frequency of urination, hesitancy, nocturia, urgency, and weak urine stream. While there is no definitive cure for BPH, symptomatic relief can be achieved with behavioral, pharmacologic, and/or surgical interventions. The treatment of choice is based on severity of symptoms as well as patient goals. The following are some treatment options for BPH.

1) Transurethral Resection of the Prostate (TURP) is considered the gold standard for BPH treatment.
2) Prostatectomy, open or laparoscopic, is performed when the prostate is greatly enlarged or if there are other complicating factors present.
3) Transurethral Incision of the Prostate (TUIP) involves enlarging the urethra by making several small incisions in the prostate around the bladder neck. This reduces pressure on the urethra and improves lower urinary tract symptoms. No prostatic tissue is removed.
4) Transurethral laser ablation of prostatic tissue involves using lasers to vaporize or coagulate the obstructing prostatic tissue. Various types of laser therapy can be used such as photoselective vaporization of the prostate, holmium/thulium laser enucleation and so forth.
5) Transurethral Electrical Vaporization of the Prostate (TUEVP) or Transurethral Vapor Pesection (TUVRP) is the vaporization of prostatic tissue by a current applied to the prostate. Various energy delivery systems can be used such as electrodes, a grooved electrode (vaportrode), roller ball, or a hemispherical mushroom electrode (button).
6) Water vapor thermal therapy combines compression and high temperature to kill and shrink prostatic tissue surrounding the urethra. This type of convective water vapor energy ablation does not create a thermal gradient and therefore no effects occur outside the target zone.
7) Waterjet Ablation is an image guided, robotically controlled waterjet that serves as a high-velocity dissection tool to reduce enlarged prostatic tissue. A transrectal ultrasound is used to map the prostate prior to the procedure.
8) Transurethral microwave thermotherapy is used to ablate prostatic tissue while maintaining normal temperatures in the surrounding non-targeted tissue.
9) Transurethral Needle Ablation (TUNA) or radiofrequency needle ablation involves placing radiofrequency needles through the urethra into either side of the prostate. Each needle emits radiofrequency energy to ablate the prostate, while protecting the urethra from heat.
10) Prostatic Urethral Lift (PUL) is a procedure in which two to six implants are placed in the prostate which separate the enlarged lobes to widen the urethra.

Policy statement

Disclaimer: This policy is applicable to TRICARE Prime and Select beneficiaries and may not apply to Active Duty Service Members (ADSM) under Supplemental Health Care Program (SHCP) or TRICARE Prime Remote (TPR) in accordance with TRICARE Operations Manual (TOM) Chapter 17, Section 3. Please review TOM Chapter 17, Section 3, Paragraph 2.0 onwards, regarding SHCP coverage and any TRICARE-specific exclusions included in this coverage policy to accurately determine the benefit for ADSMs.

Benign prostatic hyperplasia may be treated by any of the following procedures:

- Laparoscopic or open prostatectomy
- Transurethral resection of the prostate (TURP)
- Laser therapies, including the following:
    - Contact laser ablation of the prostate (CLAP)
    - Holmium laser ablation/enucleation/resection (HoLAP, HoLEP, HoLRP)
    - Interstitial laser coagulation (ILC)
    - Noncontact visual ablation (VLAP)
    - Photoselective vaporization of the prostate (PVP)
    - Thulium laser enucleation of the prostate (ThuLEP)
- Prostatic urethral lift (PUL) (UroLift) in an individual 45 years of age or older with prostate volume between 30-80cc and verified absence of an obstructive middle lobe
- Transurethral electrical vaporization of the prostate (TUEVP, TUVP, TVP) or transurethral vapor resection (TUVRP)
- Transurethral incision of the prostate (TUIP) in an individual with a prostate volume less than or equal to 30cc
- Transurethral microwave thermotherapy (TUMT)
- Water Vapor Thermal Therapy (WVTT) (Rezum System) in an individual 50 years of age or older with a prostate volume between 30-80cc
- Waterjet ablation (AquaBeam)
- Transurethral needle ablation (TUNA)

Limitations of coverage

1. No known or suspected prostate cancer
2. No active urinary tract infection
3. Transurethral balloon dilation of the prostate is not covered for the treatment of BPH per TRICARE policy manual

TRICARE Policy Manual (TPM)

TPM Ch. 4, Sec. 14.1

3.8 Prostatic Urethral Lift (PUL) for the treatment of urinary outflow obstruction secondary to Benign Prostatic Hyperplasia (**BPH**) (CPT codes 52441, 52442; HCPCS codes C9739, C9740) is proven.

3.9 Transurethral needle ablation (TUNA) (CPT code 53852) for the treatment of BPH is proven.

3.10 Transurethral waterjet ablation of the prostate (CPT code 0421T) for the treatment of BPH is covered.

4.0 EXCLUSIONS

4.5 Transurethral balloon dilation of the prostate is unproven.

Coding information

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)
52282	Cystourethroscopy, with insertion of permanent urethral stent
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant
52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)
52450	Transurethral incision of prostate
52284	Cystourethroscopy, with mechanical urethral dilation and urethral therapeutic drug delivery by drug-coated balloon catheter for urethral stricture or stenosis, male, including fluoroscopy, when performed
52601	Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)
52630	Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)
52647	Laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included if performed)
52648	Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)
52649	Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)
53850	Transurethral destruction of prostate tissue; by microwave thermotherapy
53854	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy
55801	Prostatectomy, perineal, subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy
55821	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); suprapubic, subtotal, 1 or 2 stages
55831	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); retropubic, subtotal

C2596	Probe, image guided, robotic, waterjet ablation
C9739	Cystourethroscopy, with insertion of transprostatic implant; one to three implants
C9740	Cystourethroscopy, with insertion of transprostatic implant; four or more implants

References

1. TRICARE Policy Manual Chapter 4, Section 14.1 TRICARE Manuals - Display Chap 4 Sect 14.1 (Change 41, Aug 15, 2025)
2. Centers for Medicare and Medicaid. National Government Services, Inc. Local Coverage Determination (LCD) L37808 Water Vapor Thermal Therapy for LUTS/BPH. Revision Effective Date 04/01/2023
3. Centers for Medicare and Medicaid. CGS Administrators, LLC. Local Coverage Determination (LCD) L38378 Fluid Jet System in the Treatment of BPH. Revision Effective Date 04/04/2024
4. Symplr Evidence Analysis. HT Annual Review. Aquablation for the Treatment of Benign Prostatic Hyperplasia. Last updated 03/14/2024
5. Hayes Inc. Optilume Urethral Drug-Coated Balloon (Laborie) for Treatment of Urethral Strictures. Last updated 04/29/2025
6. UpToDate Inc. Surgical Treatment of Benign Prostatic Hyperplasia. Last updated 06/26/2024

Revision history

September 2025: Updated references

August 2024: Updated references and coding

Approved by:

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Chief Medical Officer

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