

## Medical Coverage Policy | Temporary Prostatic Stent



**EFFECTIVE DATE:** 05/04/2010  
**POLICY LAST UPDATED:** 08/19/2014

### OVERVIEW

This policy documents the coverage determination for Temporary Prostatic Stents. Prostatic obstruction is a common condition with a variety of etiologies. Obstruction may also occur acutely after surgical treatment for benign prostatic hyperplasia (BPH), prostatic cancer, or after radiation therapy. 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.

**Note:** This policy does not address the use of permanent prostatic stents. The policy only addresses temporary stents, which are designed to be removable.

### PRIOR AUTHORIZATION

Not Applicable

### POLICY STATEMENT

#### BlueCHiP for Medicare

Temporary prostatic stents are medically necessary.

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.

#### Commercial

Temporary prostatic stents are not medically necessary as there is insufficient peer-reviewed scientific literature that demonstrates that the procedure/service is effective.

### MEDICAL CRITERIA

None

### BACKGROUND

Prostatic obstruction is a common condition with a variety of etiologies. Obstruction may also occur acutely after surgical treatment for benign prostatic hyperplasia (BPH), prostatic cancer, or after radiation therapy. 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™ (AbbeyMoor Medical, Parkers Prairie, MN) 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 insertion of this device may be as an outpatient procedure with the patient under topical anesthesia or as an office procedure without anesthesia.

In December 2006, the device “The Spanner™” (AbbeyMoor Medical) was approved by the FDA through the premarket approval process for temporary use (up to 30 days) to maintain urine flow and allow voluntary urination in patients following minimally invasive treatment for BPH and after initial post-treatment catheterization.

Data are inconclusive regarding the role of temporary prostatic stents for prostatic obstructive conditions. This procedure has not been shown to improve the net health outcome. Therefore, the use of temporary prostatic stents is considered not medically necessary for Commercial members as there is no proven efficacy. Temporary prostatic stents are considered medically necessary for BlueCHiP for Medicare members.

### COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement for applicable Services Not Medically Necessary benefits/coverage.

### CODING

The following code is considered medically necessary for **BlueCHiP for Medicare members only**. For Commercial products it is considered not medically necessary:

53855

### RELATED POLICIES

None

### PUBLISHED

Provider Update	Nov 2014
Provider Update	Aug 2013
Provider Update	June 2012
Provider Update	July 2011
Provider Update	July 2010

### REFERENCES

1. Dineen MK, Shore ND, Lumerman JH et al. Use of a temporary prostatic stent after transurethral microwave thermotherapy reduced voiding symptoms and bother without exacerbating irritative symptoms. *Urology* 2008; 71(5):873-7.
2. Grimsley SJ, Khan MH, Lennox E et al. Experience with the spanner prostatic stent in patients unfit for surgery: an observational study. *J Endourol* 2007; 21(9):1093-6.
3. Kijvikai K, van Dijk M, Pes PL et al. Clinical utility of "blind placement" prostatic stent in patients with benign prostatic obstruction: a prospective study. *Urology* 2006; 68(5):1025-30.
4. van Dijk MM, Mochtar CA, Wijkstra H et al. Hourglass-shaped nitinol prostatic stent in treatment of patients with lower urinary tract symptoms due to bladder outlet obstruction. *Urology* 2005; 66(4):845-9.
5. van Dijk MM, Mochtar CA, Wijkstra H et al. The bell-shaped nitinol prostatic stent in the treatment of lower urinary tract symptoms: experience in 108 patients. *Eur Urol* 2006; 49(2):353-9.

6. Vanderbrink BA, Rastinehad AR, Badlani GH. Prostatic stents for the treatment of benign prostatic hyperplasia. *Curr Opin Urol* 2007; 17(1):1-6.

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