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Benign Prostatic Hyperplasia

Adjudication Guideline

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Abstract

For Members

Benign prostatic hyperplasia/hypertrophy (BPH) is a common condition in men associated with an increase in the size of the prostate gland, potentially slowing or blocking the urinary stream. In some men, it may lead to lower urinary tract symptoms (LUTS) such as the need to urinate frequently, dribbling or leaking of urine, a need to strain during urination, a sensation of incomplete bladder emptying etc.

For Medical Professionals

Benign prostatic hyperplasia (also known as hypertrophy), is a common benign condition in men associated with an increase in the size of the prostate that may or may not lead to lower urinary tract symptoms (LUTS). LUTS can be categorized into voiding, storage or post-micturition symptoms and can be graded into mild, moderate or severe, based on the IPSS (International Prostate Symptom Score) as follows:

- Mild: score 0-7
- Moderate: score 8-19
- Severe: score 20-35

Approved by:
Daman

Responsible:
Medical Standards & Research

Related Adjudication Guidelines:
None

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Scope

This guideline specifies all the coverage details for the management of Benign Prostatic Hyperplasia (BPH) for all the health insurance plans administered by Daman.

Adjudication Policy

Eligibility / Coverage Criteria

Daman covers management of BPH (including both investigations and treatments) for all health insurance plans administered by Daman, as per policy terms and conditions.

1. Diagnostic modalities/investigations:

a) Routine Tests:

- Severity and bother (i.e. AUA-SI)
- Frequency or volume chart
- Urinalysis
- DRE (Digital Rectal Examination)
- PSA (Prostate Specific Antigen) - will not be covered if done on the same day as DRE

b) Specialist Tests /Optional Tests:

In general, optional tests are done during a detailed evaluation and ordered by a urologist

- Flow Rate recording
- Residual urine
- Pressure flow studies
- Prostate imaging by trans abdominal or trans rectal ultrasound
- Upper urinary tract imaging with ultrasonography, computer tomography, intravenous urography
- Cystoscopy

2. Conservative management

It is considered a part of E/M. Coverage of containment products is subject to policy terms and conditions.

3. Medical management

Daman covers pharmacological management of BPH based on medical necessity and in accordance with international best practice and evidence-based medicine.

4. Surgical Management

Daman will only cover surgical treatments for BPH if the following criteria are met and documented:

a) Lower urinary tract symptoms (LUTS) refractory to other therapies

b) If ANY of the following conditions appear:

- Renal insufficiency
- Hydronephrosis
- Gross hematuria
- Recurrent or persistent urinary tract infections
- Large bladder diverticula associated with progressive bladder dysfunction
- Bladder stones
- Acute urinary retention refractory to treatment

Requirements for Coverage

ICD and CPT codes must be coded to the highest level of specificity.

Non-Coverage

1. Daman does not cover any treatment of BPH for the Visitors Plan.
2. Coverage of the following treatments for BPH will be subject to policy terms and conditions:
 - a) Homeopathy/ Alternate medicines/ Phytotherapy
 - b) Acupuncture

Experimental/unproven treatments or treatments that are not considered medically necessary are NOT covered for any health insurance plan administered by Daman.

Payment and Coding Rules

Please apply HAAD payment rules and regulations and relevant coding manuals for ICD, CPT, etc.

Denial codes

Code description
Service is not clinically indicated based on good clinical practice
Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses/activities
Prior approval is required and was not obtained
Claim information is inconsistent with pre-certified/authorized services
Diagnosis is inconsistent with the patient's gender
Diagnosis/es is(are) not covered
Service(s) is (are) not covered
Payment is included in the allowance for another service

Appendices

A. References

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B. Revision History

Date	Change
01-07-13	V1.1: New template
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01-08-18	V3.0 Content update