

Benign Prostatic Hyperplasia

Adjudication Guideline

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1. Abstract

1.1 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.

1.2 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 high, based on the IPSS (International Prostate Symptom Score) as follows:

- 4-10 (mg/ml): minimally elevated
- 11-20 (mg/ml): moderately elevated
- 21+(mg/ml): high elevation

2. 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.

3. Adjudication Policy

3.1 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:

1. Routine Tests:

- Severity and bother using the American Urologic Association Symptom Index (included in the E&M)
- Frequency or volume chart (included in the E&M)
- Digital Rectal Examination (included in the E&M)
- Urinalysis
- PSA (Prostate Specific Antigen)

2. Specialist Tests /Optional Tests:

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

- 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/Behavioural Management

Conservative management is considered a part of E/M and 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 any of the following criteria are met and documented:

- Lower urinary tract symptoms (LUTS) refractory to other therapies
- If ANY of the following conditions appear:
 - Renal insufficiency
 - Hydronephrosis
 - Gross haematuria
 - Recurrent or persistent urinary tract infections
 - Large bladder diverticula associated with progressive bladder dysfunction
 - Bladder stones
 - Acute urinary retention refractory to treatment

3.2 Requirements for Coverage

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

3.3 Non-Coverage

Daman does not cover any treatment of BPH for the Visitors Plan.

Coverage of the following treatments for BPH will be subject to policy terms and conditions:

- Homeopathy/ Alternate medicines/ Phytotherapy
- Acupuncture

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

3.4 Payment and Coding Rules

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

4. Denial Codes

Code	Code Description
MNEC-003	Service is not clinically indicated based on good clinical practice
MNEC-004	Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses/activities
AUTH-001	Prior approval is required and was not obtained
AUTH-005	Claim information is inconsistent with pre certified/authorized services
CODE-014	Diagnosis is inconsistent with the patient's gender
NCOV-001	Diagnoses are not covered
NCOV-003	Service(s) is (are) not covered
PRCE-002	Payment is included in the allowance for another service

5. Appendices

5.1 References

- [https://www.auanet.org/guidelines-and-quality/guidelines/benign-prostatic-hyperplasia-\(bph\)-guideline](https://www.auanet.org/guidelines-and-quality/guidelines/benign-prostatic-hyperplasia-(bph)-guideline)
- <https://bestpractice.bmj.com/topics/en-us/208>
- <https://www.hopkinsmedicine.org/health/conditions-and-diseases/benign-prostatic-hyperplasia-bph>
- <https://www.nice.org.uk/guidance/cg97>
- <https://pmc.ncbi.nlm.nih.gov/articles/PMC7641986/>
- <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/prostate-cancer-screening>
- <https://www.mdanderson.org/cancerwise/prostate-specific-antigen--psa--levels-by-age--what-to-know.h00-159695967.html>

5.2 Revision History

Date	Change(s)
01/07/2013	V1.1 New template
15/07/2014	V2.0 Disclaimer updated as per system requirements
01/08/2018	V3.0 Content update
29/12/2024	V4.0 General Content review Format Update

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