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.

MEDICAL CRITERIA
Not applicable

PRIOR AUTHORIZATION
Not applicable

POLICY STATEMENT
BlueCHiP for Medicare
Temporary prostatic stents are medically necessary.

Note: Blue Cross & Blue Shield of Rhode Island (BCBSRI) must follow Centers for Medicare and Medicaid Services (CMS) guidelines, such as national coverage determinations or local coverage determinations for all BlueCHiP for Medicare policies. Therefore, BlueCHiP for Medicare policies may differ from Commercial products. In some instances, benefits for BlueCHiP for Medicare may be greater than what is allowed by the CMS.

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

COVERAGE
Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for applicable not medically necessary benefits/coverage.

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 Food and Drug Administration (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.

**CODING**

The following code is considered medically necessary for BlueCHiP for Medicare and not medically necessary for Commercial products:

53855

**RELATED POLICIES**

None

**PUBLISHED**

Provider Update, November 2016
Provider Update, April 2015
Provider Update, November 2014
Provider Update, August 2013
Provider Update, June 2012
Provider Update, July 2011
Provider Update, July 2010

**REFERENCES**


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