Balloon Dilatation of the Prostate (Urethra) (BDP) is not eligible for coverage as it is considered investigational.

DESCRIPTION:

Balloon Dilatation of the Prostate (Urethra) (BDP), or balloon urethroplasty or transurethral balloon dilatation of the prostate (TUBDP) is a therapeutic procedure intended to manage symptoms associated with benign prostatic hypertrophy (BPH).

Under fluoroscopic guidance, a flexible balloon catheter is placed in the urethra at the level of the prostate above the external sphincter. The balloon is then inflated for a short period of time to distend the prostatic urethra. This widening process is intended to relieve obstruction of the urethra caused by the enlarged prostate and alleviate the symptoms of BPH (e.g., urinary retention, urgency, hesitancy, nocturia, and dysuria). No surgical specimen is obtained for diagnostic studies. This procedure is done under intravenous sedation or regional anesthetic block.

RATIONALE:

The evidence suggests that BDP is seldom done due to ineffective, objective outcomes. Most of the studies provided institutional experience rather than randomized double-blinded clinical trials. Clinical studies were small comparing BDP to cystoscopy or transurethral resection of the prostate (TURP). When compared to cystoscopy, the outcome appeared to be equally effective for treatment of BPH. However, cystoscopy has not shown to be effective for treatment of BPH. In those studies, the patients reported subjective improvement after BDP and were pleased, but approximately half of those men had objective improvement (such as greater peak urine flow rates and lower post-void residual volumes). Relapse was common place and for some men, no improvement was appreciated. When compared to TURP, BDP was not as effective, although the morbidity was less with BDP. TURP was the treatment of choice for BPH.

DISCLAIMER:

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, takes precedence over Medical Policy and must be considered first in determining coverage. The member’s contract benefits in effect on the date that services are rendered must be used. Any benefits are subject to the payment of premiums for the date on which services are rendered. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically. HMO Blue Texas physicians who are contracted/affiliated with a capitated IPA/medical group must contact the IPA/medical group for
information regarding HMO claims/reimbursement information and other general polices and procedures.

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