



SPECIALTY NETWORKS, LLC

BPH CLINICAL GUIDELINE



PRINCIPLES OF DISEASE MANAGEMENT

1. Capture a baseline of flow and/or vesical pressure prior to onset of treatment
2. Evaluate for all contributors to voiding issues (OAB, BPH and Nocturia)
3. Review patient journey and provide educational materials to patient at the first visit, including overview of treatments and diagnostic tools
4. Non-invasive diagnostic testing should be considered as first line options to guide treatment decisions or progression to advanced, invasive diagnostic testing
5. Post bothersome symptoms, if available, clinicians should utilize **UroCuff®** as a preferred diagnostic, if not available, alternative diagnostics could be Uroflow
6. When reductive procedure is determined appropriate through patient selection and gland size, minimally invasive procedures are preferred
7. Gland size and shape should be assessed via pelvic or transrectal ultrasound, cystoscopy, cross sectional MRI or CT scan
8. 6 months post reductive procedure, obtain PSA test, if patient was risk for Prostate Cancer



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GLOSSARY OF DIAGNOSTIC AND TREATMENT OPTIONS

- **Lab Testing:** Urinalysis
- **Basic diagnostic testing includes:** Post-Void Residual (PVR), **UroCuff®** (Pressure Flow Study), Uroflow
- **Advanced diagnostic testing includes:** Cystoscopy, Trans Rectal Ultrasound (TRUS), Urodynamic Study (UDS)
- **Minimally invasive surgical treatments:** Prostatic Urethral Lift (PUL), Rezum (Water Vapor Thermal Therapy, Aquabeam (Aquablation)
- **Surgical procedures include:** Transurethral Resection of the Prostate (TURP), Transurethral Vaporization of the Prostate (TUV) Photoselective Vaporization of the Prostate (PVP), Transurethral Incision of the Prostate (TUIP), Transurethral Microwave Therapy (TUMT)

HELPFUL CODES

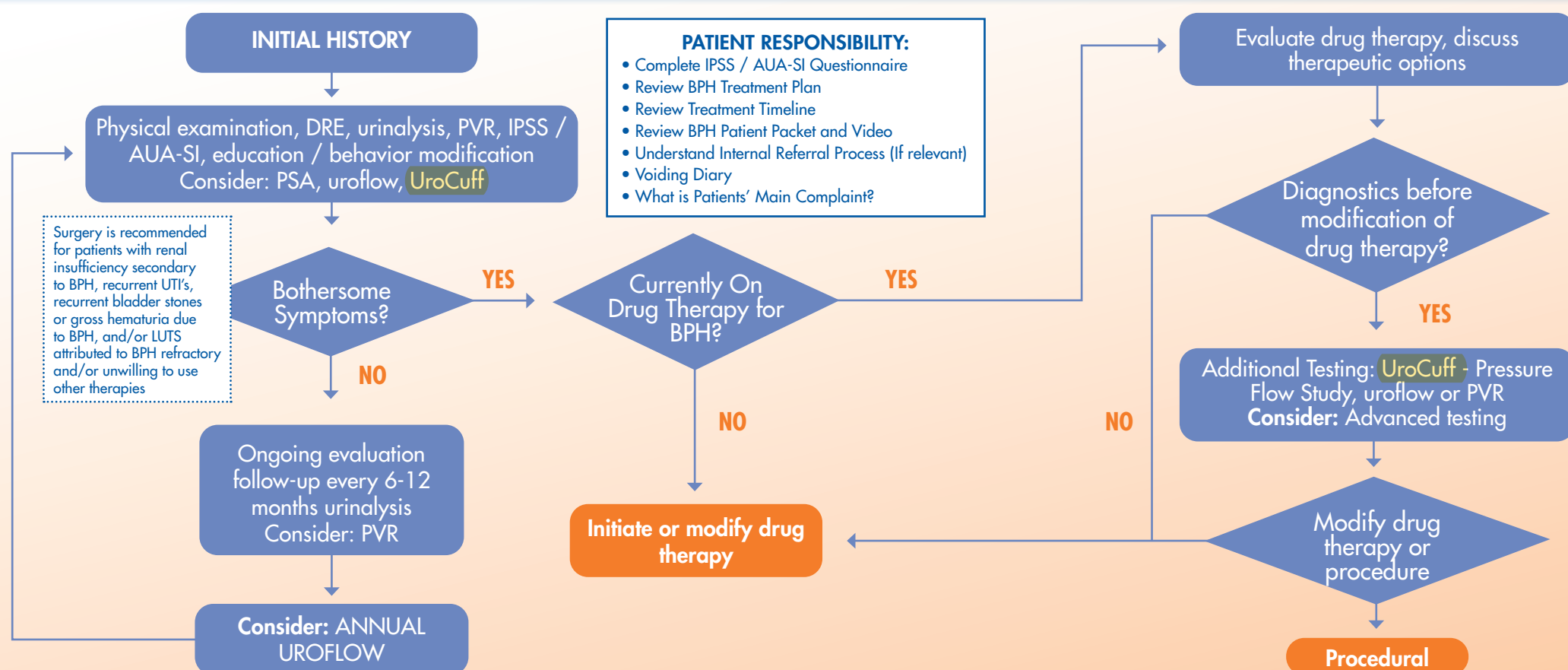
ICD-10 Code: Benign Prostatic Hyperplasia N40.1

Treatment CPT Codes: TURP 52601, PVP 52648, PUL 52441 & 52442, TUIP 52450, Water Vapor Thermal Therapy 53854, Aquablation 0421T

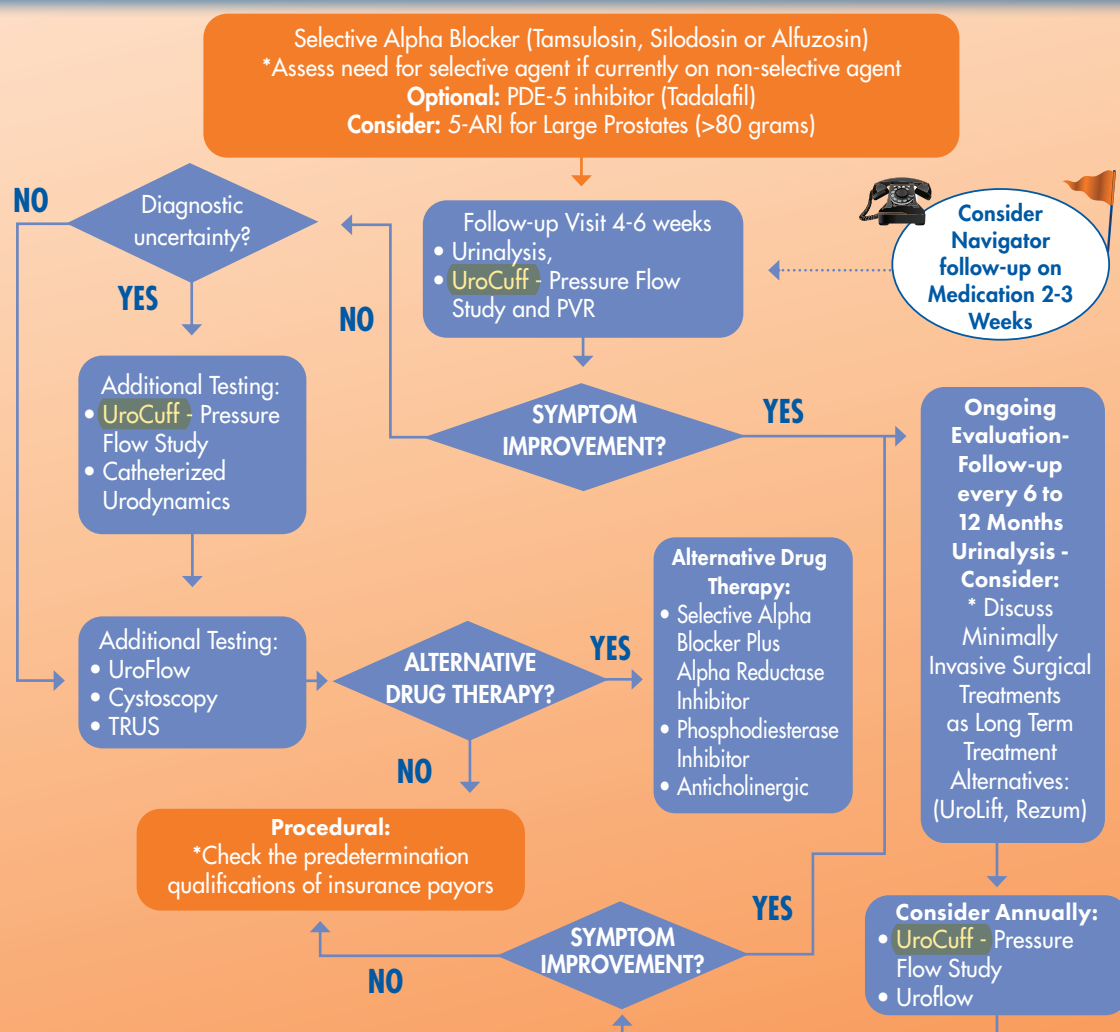
Diagnostic CPT Codes: Uroflow 51727, **UroCuff** – Pressure Flow Study 53899 or 51728-52, Cystoscopy 52000, TRUS 76872, UDS 51727 and 51729

The information contained within is the consensus of the UroGPO Medical Advisory Group and is intended only as a suggested guideline for the treatment of BPH. UroGPO Members are encouraged to review, discuss, and make adjustments as they see fit.

1 PATIENT EVALUATION



2 TREATMENT - DRUG THERAPY



3 TREATMENT - PROCEDURAL BASED OPTIONS

