

Medical Policy

Prostatic Urethral Lift

Policy Number: 045

	Commercial and Qualified Health Plans	MassHealth	Medicare Advantage
Authorization required	X	X	X
No Prior Authorization			

Overview

The purpose of this document is to describe the guidelines Mass General Brigham Health Plan uses to determine medical necessity for prostatic urethral lift (Urolift®).

Coverage Guidelines

Mass General Brigham Health Plan covers prostatic urethral lift in members with moderate-to-severe lower urinary tract obstruction (defined by American Urological Association [AUA] symptom score >7) due to benign prostatic hyperplasia (BPH) when ALL the following are met:

- The member has a diagnosis of BPH, and symptoms are caused by enlargement of the median and/or lateral prostate lobes
- The member has persistent or progressive lower urinary tract symptoms despite medical therapy (alpha1-adrenergic antagonists for at least 3 months, or 5 alpha-reductase inhibitors for at least 6 months, or combination medication therapy maximally titrated), OR is unable to tolerate medical therapy
- Prostate gland volume is ≤100 cc
- Prostate anatomy demonstrates bladder neck without evidence of a stricture

Exclusions

Mass General Brigham Health Plan does not provide coverage for prostatic urethral lift in the following instances:

1. The member has a contact dermatitis nickel allergy
2. The member has had appropriate testing to exclude diagnosis of prostate cancer
3. The member has had a recent urinary tract infection or prostatitis
4. The member has a urethral condition that may prevent insertion of delivery system into the bladder

Medicare Variations

Mass General Brigham Health Plan uses guidance from the Centers for Medicare and Medicaid Services (CMS) for coverage determinations for its Medicare Advantage plan members. National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs) and documentation included in the Medicare manuals are the basis for coverage determinations. When there is no guidance from CMS for the requested service, Mass General Brigham Health Plan’s medical policies are used for coverage determinations.

Definitions

Prostatic Urethral Lift (PUL): The prostatic urethral lift (Urolift®) mechanically opens the prostatic urethra with implants that are placed transurethraly under cystoscopic visualization, thereby separating the encroaching prostatic lobes. The PUL is introduced into the urethra and used to compress the prostate tissue, thereby increasing the urethral lumen and reducing obstruction to urine flow. It is a minimally invasive, short endoscopic procedure that can be done under local, general, or regional anesthesia.

Benign Prostatic Hyperplasia (BPH): Benign prostatic hyperplasia (BPH) is a common disorder among older individuals that results from hyperplastic nodules in the periurethral or transitional zone of the prostate. BPH prevalence increases with age and is present in more than 80% of individuals ages 70 to 79.

Codes

The following codes are included below for informational purposes only; inclusion of a code does not constitute or imply coverage.

This list of codes applies to commercial and MassHealth plans only.

Authorized CPT/HCPCS Codes	Code Description
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant
52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure) Maximum 6 units
C9739	Cystourethroscopy, with insertion of transprostatic implant; one to three implants
C9740	Cystourethroscopy, with insertion of transprostatic implant; four or more implants

Effective

March 2023: Annual update. Medicare Advantage added to table. Medicare variation language added. References updated.

March 2022: Annual Update. Under Coverage Guidelines; changed prostate gland volume from ≤80 to ≤100. Exclusions were updated to remove member does not have prostate-specific antigen level ≥3 ng/mL. Added exclusion that member has had appropriate testing to exclude diagnosis of prostate cancer. References updated.

March 2021: Annual update. References updated.

December 2020: Code update.

April 2020: Annual update. References updated.

April 2019: Annual update. Under Coverage Guidelines, revised medical therapy to clarify requirement; 3 months for alpha1-adrenergic antagonists or 5 alpha-reductase inhibitors for at least 6 months. Removed guideline that member is a poor candidate for other surgical procedures for BPH using general anesthesia. Revised exclusion regarding urinary tract infection/prostatitis removing the one-year requirement.

September 2018: Effective date.

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