

**Medical Policy
Prostatic Urethral Lift**

Document Number: 046

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

Overview

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

Coverage Guidelines

AllWays Health Partners 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, 5 alpha-reductase inhibitors, or combination medication therapy maximally titrated) over a trial period of no less than 6 months OR is unable to tolerate medical therapy
- Prostate gland volume is ≤80 cc
- Prostate anatomy demonstrates normal bladder neck without evidence of a stricture
- The member is poor candidate for other surgical procedures for BPH using general anesthesia, such as transurethral resection of the prostate

Exclusions

AllWays Health Partners 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 prostate-specific antigen level ≥3 ng/mL and has not had testing to exclude prostate cancer
3. The member has a urinary tract infection or recent prostatitis within the last year
4. The member has a urethral condition that may prevent insertion of delivery system into the bladder

Definitions

Prostatic Urethral Lift (PUL): The prostatic urethral lift (Urolift®) mechanically opens the prostatic urethra with implants that are placed transurethrally 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.

CPT/HCPC Codes

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)

Effective

September 2018: Effective date.

References

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