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 (alpha-1-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 ≤80 cc
- Prostate anatomy demonstrates bladder neck without evidence of a stricture

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 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

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/HCPCS Codes**

<table>
<thead>
<tr>
<th>Authorized CPT/HCPCS Codes</th>
<th>Code Description</th>
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<tbody>
<tr>
<td>52441</td>
<td>Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant</td>
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<tr>
<td>52442</td>
<td>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</td>
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<tr>
<td>C9769</td>
<td>Cystourethroscopy, with insertion of temporary prostatic implant/stent with fixation/anchor and incisional struts</td>
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**Effective**

October 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.

**References**

Cunningham G., Kadmon, D, et al. Transurethral procedures for treating benign prostatic hyperplasia. UpToDate. June 2018  
