## Prostatic Urethral Lift

### State(s):
- Idaho
- Montana
- Oregon
- Washington

### LOB(s):
- Commercial
- Medicare
- Medicaid

### Enterprise Policy

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member’s policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determination are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member’s policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member’s policy, the Member’s policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

### Background

The prostatic urethral lift (PUL) procedure is used to treat the symptoms of benign prostatic hyperplasia (BPH). BPH is a common disorder among older men that results from hyperplastic nodules in the periurethral or transitional zone of the prostate. Some of the symptoms of BPH include increased urinary frequency, feeling of urgency, nocturia, or a slow urine stream.

The prostatic urethral lift procedure involves placement of 1 or more implants in the lateral lobes of the prostate using a transurethral delivery device. The implant(s) separate enlarged prostate lobes to reduce pressure on the urethra to allow for an easier urine flow.

### Criteria

#### Commercial

**Preauthorization is required**

PacificSource considers prostatic urethral lift (PUL), using an FDA approved device, for the treatment of lower urinary tract symptoms (LUTS) due to benign prostatic hyperplasia (BPH) to be medically necessary in adult individuals when ALL of the following criteria have been met:

- Age 45 years or older; and
- Prostate size no greater than 80 grams OR prostate volume no greater than 80cc based on ultrasound imaging and
- Peak flow rate (Qmax) is less than or equal to 12mL/second; and
- No active urinary tract infection, urinary incontinence, or gross hematuria; and
- Intolerance, contraindication, or failure of medications (3 month trial) for treatment of BPH symptoms (e.g., Flomax, Rapaflo, Tadalafil, Avodart, Proscar), and
- Documentation of at least one of the following lower urinary tract symptoms:
  - Urinary frequency
• urgency
• nocturia
• weak stream
• straining
• intermittency

**FDA approved Device:** NeoTract UroLift® System (NeoTract, Pleasanton, CA) received clearance, December 2013.

**Not Medically Necessary:**

Prostatic urethral lift is considered not medically necessary when all of the criteria specified above are not met.

**Medicaid**

PacificSource Medicaid does not follow this policy. PacificSource Medicaid follows Guideline Note 145 of the OHP Prioritized List of Health Services for coverage of Prostatic Urethral Lift.

**Medicare**

Preauthorization is not required. PacificSource Medicare follows CMS local coverage determination (LCD) L36109 and L36775 for medical necessity reviews.

**Coding Information**

52441 Cystourethroscopy with transurethral resection or incision of ejaculatory ducts

52442 each additional permanent adjustable transprostatic implant.

C9739 Cystourethroscopy, with insertion of transprostatic implant; 1 to 3 implants

C9740 Cystourethroscopy, with insertion of transprostatic implant; 4 or more implants

**References**


Appendix

Policy Number: [Policy Number]


Policy type: Enterprise

Depts: Health Services

Applicable regulation(s): N/A

External entities affected: N/A