



BlueCross BlueShield of Vermont

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Prostatic Urethral Lift Corporate Medical Policy

File Name: Prostatic Urethral Lift
File Code: UM.SURG.19
Origination: 05/2018 New Medical Policy
Last Review: 05/2018
Next Review: 05/2019
Effective Date: 08/01/2018

Description/Summary

Benign prostatic hyperplasia (BPH) is a common condition in older men. Other names for benign prostatic hyperplasia (BPH) include benign prostatic hypertrophy, an enlarged prostate, and BPH. BPH occurs only in men; approximately 8 percent of men aged 31 to 40 have BPH. In men over age 80, more than 80 percent have BPH. Many men with BPH have no symptoms. In men with symptoms, the most common include needing to urinate frequently (during the day and night), a weak urine stream, and leaking or dribbling of urine. These symptoms are called lower urinary tract symptoms (LUTS). For men with bothersome symptoms, treatment with one or more medicines or surgery is available.

The prostatic urethral lift procedure involves the insertion of one or more permanent implants into the prostate, which retract prostatic tissue and maintain an expanded urethral lumen, hence increasing the size of the urethral opening and reducing obstruction to urine flow.

Policy

Coding Information

[Click the links below for attachments, coding tables & instructions.](#)

[Attachment I](#)

When a service may be considered medically necessary

Use of prostatic urethral lift in may be considered medically necessary when ALL of the following criteria are met:

1. Male, age 50 years of age or older; **AND**,
2. Estimated prostate volume less than 80cc by radiologic studies; **AND**,

3. No obstruction of the median lobe of the prostate identified on cystoscopy; **AND**,
4. Contraindication to, intolerance of, or failure of at least three months of standard medical therapy for BPH - (alpha blocker, finasteride/dutasteride, PDE5 inhibitor); **AND**,
5. The individual has a peak urine flow rate (Qmax) less than 15 cc/sec on a voided volume that is greater than 125 cc; **AND**,
6. IF the individual has a diagnosis of lower urinary tract symptoms (LUTS) secondary to benign prostatic hyperplasia (BPH) (e.g., increased urinary frequency, urgency, incontinence, or straining; nocturia; decreased and intermittent force of the stream; hematuria; and the sensation of incomplete bladder emptying) that interfere with activities of daily living; **AND**,
 - The individual has a prostate specific antigen (PSA) blood test that meets the following criteria:
 - Taken within 12 months of the procedure; **AND**
 - Resulted in a value of 4.0 ng/mL or less, or age adjusted level; **OR**
 - Has had at least one negative biopsy if the PSA is elevated for age; **OR**
7. IF use of prostatic urethral lift is for individuals with a diagnosis or history of prostate cancer it may be considered medically necessary when ONE of the following criteria are met:
 - The individual is not a candidate for surgical resection of the prostate but will be treated by radiation therapy and has symptoms that are so severe that immediate relief is required; **OR**
 - The individual is clinically in remission as evidenced by a PSA less than 1.0 ng/mL and satisfies medical criteria 2, 3 & 5 above; **OR**
 - The individual is on active surveillance for low or very low risk prostate cancer; **AND** satisfies medical criteria 2, 3 & 5 above.

When a service is considered not medically necessary

When the above criteria are not met.

Reference Resources

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Document Precedence

Blue Cross and Blue Shield of Vermont (BCBSVT) Medical Policies are developed to provide clinical guidance and are based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. The applicable group/individual contract and member certificate language, or employer's benefit plan if an ASO group, determines benefits that are in effect at the time of service. Since medical practices and knowledge are constantly evolving, BCBSVT reserves the right to review and revise its medical policies periodically. To the extent that there may be any conflict between medical policy and contract/employer benefit plan language, the member's contract/employer benefit plan language takes precedence.

Audit Information

BCBSVT reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in the medical policy. If an audit identifies instances of non-compliance with this medical policy, BCBSVT reserves the right to recoup all non-compliant payments.

Administrative and Contractual Guidance

Benefit Determination Guidance

Prior approval is required and benefits are subject to all terms, limitations and conditions of the subscriber contract.

Incomplete authorization requests may result in a delay of decision pending submission of missing information. To be considered complete, see policy guidelines above.

An approved referral authorization for members of the New England Health Plan (NEHP) is required. A prior approval for Access Blue New England (ABNE) members is required. NEHP/ABNE members may have different benefits for services listed in this policy. To confirm benefits, please contact the customer service department at the member's health plan.

Federal Employee Program (FEP): Members may have different benefits that apply. For further information please contact FEP customer service or refer to the FEP Service Benefit Plan Brochure. It is important to verify the member's benefits prior to providing the service to determine if benefits are available or if there is a specific exclusion in the member's benefit.

Coverage varies according to the member's group or individual contract. Not all groups are required to follow the Vermont legislative mandates. Member Contract language takes precedence over medical policy when there is a conflict.

If the member receives benefits through an Administrative Services Only (ASO) group, benefits may vary or not apply. To verify benefit information, please refer to the member's employer benefit plan documents or contact the customer service department. Language in the employer benefit plan documents takes precedence over medical policy when there is a conflict.

Policy Implementation/Update information

05/2018	New policy, external input received, reviewed BCBSA MPRM 7.01.151, updated references. Codes 52441, 52442, C9739 & C9740 require prior authorization.
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Eligible providers

Qualified healthcare professionals practicing within the scope of their license(s).

Approved by BCBSVT Medical Directors

Date Approved

Gabrielle Bercy-Roberson, MD, MPH, MBA
Senior Medical Director
Chair, Health Policy Committee

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Attachment I

Code Type	Number	Brief Description	Policy Instructions
The following codes are considered as medically necessary when applicable criteria have been met.			
CPT®	52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	Requires Prior Approval
CPT®	52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)	Requires Prior Approval
HCPCS	C9739	Cystourethroscopy, with insertion of transprostatic implant; 1 to 3 implants	Requires Prior Approval
HCPCS	C9740	Cystourethroscopy, with insertion of transprostatic implant; 4 or more implants	Requires Prior Approval