



# BlueCross BlueShield of Vermont

*An Independent Licensee of the Blue Cross and Blue Shield Association.*

## Prostatic Urethral Lift Corporate Medical Policy

File Name: Prostatic Urethral Lift  
File Code: UM.SURG.19  
Origination: 05/2018  
Last Review: 01/2020  
Next Review: 01/2021  
Effective Date: 04/01/2020

### 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

1. For patients with a diagnosis of moderate-to-severe lower urinary tract obstruction due to benign prostatic hyperplasia, who meet all of the following:
  - a. Male, age 45 years of age or older; **AND**
  - b. Estimated prostate volume less than 100cc by radiologic studies, or by digital rectal exam and/or cystoscopy if obvious or if radiology studies are not possible (may be confirmed with transrectal ultrasound); **AND**
  - c. Prostate anatomy demonstrates normal bladder neck without an obstructive

- median lobe: **AND**
- d. Contraindication to, intolerance of, or failure of at least three months of standard medical therapy for BPH - (i.e. alpha blocker, finasteride/dutasteride, PDE5 inhibitor); **AND**
  - e. A diagnosis of urinary obstruction either by a clear clinical history, cystoscopy, urodynamics, or a peak urine flow rate (Q<sub>max</sub>) less than 15 cc/sec on a voided volume that is greater than 125 cc; **AND**
  - f. IF a prostate specific antigen (PSA) is indicated in an individual with a diagnosis of LUTS and BPH with the PSA level meeting the following criteria:
    - i. Taken within 12 months of the procedure; **AND**
    - ii. Resulted in a value of 4.0 ng/mL or less, or age adjusted level; **OR**
    - iii. Has had at least one negative biopsy if the PSA is elevated for age
2. For Patients with a diagnosis of moderate-to-severe lower urinary tract obstruction with a history of or current prostate cancer it may be considered medically necessary when ONE of the following criteria are met:
- a. 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**
  - b. The individual is clinically in remission and satisfies medical criteria b, c & e above; **OR**
  - c. The individual is on active surveillance for low or very low risk prostate cancer; **AND** satisfies medical criteria b, c & e above.

#### When a service is considered not medically necessary

When the above criteria are not met.

#### Reference Resources

1. Sarma AV, Wei JT. Clinical practice. Benign prostatic hyperplasia and lower urinary tract symptoms. *N Engl J Med.* Jul 19 2012;367(3):248-257. PMID 22808960
2. Barry MJ, Fowler FJ, Jr., O'Leary MP, et al. The American Urological Association symptom index for benign prostatic hyperplasia. The Measurement Committee of the American Urological Association. *J Urol.* Nov 1992;148(5):1549-1557; discussion 1564. PMID 1279218
3. O'Leary M P. Validity of the "bother score" in the evaluation and treatment of symptomatic benign prostatic hyperplasia. *Rev Urol.* Winter 2005;7(1):1-10. PMID 16985801
4. (AUA) AUA. American Urological Association Guideline: Management of Benign Prostatic Hyperplasia (BPH). 2010; <https://www.auanet.org/common/pdf/education/clinical-guidance/Benign-Prostatic-Hyperplasia.pdf>. Accessed November 25, 2017.
5. Reich O, Gratzke C, Bachmann A, et al. Morbidity, mortality and early outcome of transurethral resection of the prostate: a prospective multicenter evaluation of 10,654 patients. *J Urol.* Jul 2008;180(1):246-249. PMID 18499179
6. Rosen RC, Catania JA, Althof SE, et al. Development and validation of four-item version of Male Sexual Health Questionnaire to assess ejaculatory dysfunction. *Urology.* May 2007;69(5):805-809. PMID 17482908
7. Cappelleri JC, Rosen RC. The Sexual Health Inventory for Men (SHIM): a 5-year review of research and clinical experience. *Int J Impot Res.* Jul-Aug 2005;17(4):307-

319. PMID 15875061
8. Barry MJ, Williford WO, Chang Y, et al. Benign prostatic hyperplasia specific health status measures in clinical research: how much change in the American Urological Association symptom index and the benign prostatic hyperplasia impact index is perceptible to patients? *J Urol.* Nov 1995;154(5):1770-1774. PMID 7563343
  9. Barry MJ, Fowler FJ, Jr., O'Leary MP, et al. Measuring disease -specific health status in men with benign prostatic hyperplasia. Measurement Committee of The American Urological Association. *Med Care.* Apr 1995;33(4 Suppl):AS145-155. PMID 7536866
  10. Perera M, Roberts MJ, Doi SA, et al. Prostatic urethral lift improves urinary symptoms and flow while preserving sexual function for men with benign prostatic hyperplasia: a systematic review and meta-analysis. *Eur Urol.* Apr 2015;67(4):704-713. PMID 25466940
  11. Garrido Abad P, Coloma Del Peso A, Sinues Ojas B, et al. Urolift(R), a new minimally invasive treatment for patients with low urinary tract symptoms secondary to BPH. Preliminary results. *Arch Esp Urol.* Jul-Aug 2013;66(6):584-591. PMID 23985459
  12. Hoffman RM, Monga M, Elliott SP, et al. Microwave thermotherapy for benign prostatic hyperplasia. *Cochrane Database Syst Rev.* 2012;9:CD004135. PMID 22972068
  13. Shore N, Freedman S, Gange S, et al. Prospective multi-center study elucidating patient experience after prostatic urethral lift. *Can J Urol.* Feb 2014;21(1):7094-7101. PMID 24529008
  14. McNicholas TA, Woo HH, Chin PT, et al. Minimally invasive prostatic urethral lift: surgical technique and multinational experience. *Eur Urol.* Aug 2013;64(2):292-299. PMID 23357348
  15. Chin PT, Bolton DM, Jack G, et al. Prostatic urethral lift: two-year results after treatment for lower urinary tract symptoms secondary to benign prostatic hyperplasia. *Urology.* Jan 2012;79(1):5-11. PMID 22202539
  16. Woo HH, Bolton DM, Laborde E, et al. Preservation of sexual function with the prostatic urethral lift: a novel treatment for lower urinary tract symptoms secondary to benign prostatic hyperplasia. *J Sex Med.* Feb 2012;9(2):568-575. PMID 22172161
  17. Woo HH, Chin PT, McNicholas TA, et al. Safety and feasibility of the prostatic urethral lift: a novel, minimally invasive treatment for lower urinary tract symptoms (LUTS) secondary to benign prostatic hyperplasia (BPH). *BJU Int.* Jul 2011;108(1):82-88. PMID 21554526
  18. Cantwell AL, Bogache WK, Richardson SF, et al. Multicentre prospective crossover study of the 'prostatic urethral lift' for the treatment of lower urinary tract symptoms secondary to benign prostatic hyperplasia. *BJU Int.* Apr 2014;113(4):615-622. PMID 24765680
  19. Roehrborn CG, Gange SN, Shore ND, et al. The prostatic urethral lift for the treatment of lower urinary tract symptoms associated with prostate enlargement due to benign prostatic hyperplasia: the L.I.F.T. Study. *J Urol.* Dec 2013;190(6):2161-2167. PMID 23764081
  20. McVary KT, Gange SN, Shore ND, et al. Treatment of LUTS secondary to BPH while preserving sexual function: randomized controlled study of prostatic urethral lift. *J Sex Med.* Jan 2014;11(1):279-287. PMID 24119101
  21. Jones P, Rajkumar GN, Rai BP, et al. Medium-term outcomes of Urolift (minimum 12 months follow-up): evidence from a systematic review. *Urology.* May 18 2016. PMID 27208817
  22. Bozkurt A, Karabakan M, Keskin E, et al. Prostatic urethral lift: a new minimally invasive

treatment for lower urinary tract symptoms secondary to benign prostatic hyperplasia. Urol Int. 2016;96(2):202-206. PMID 26613256

23. Sonksen J, Barber NJ, Speakman MJ, et al. Prospective, randomized, multinational study of prostatic urethral lift versus transurethral resection of the prostate: 12-month results from the BPH6 study. Eur Urol. Oct 2015;68(4):643-652. PMID 25937539
24. Ray A, Morgan H, Wilkes A, et al. The Urolift System for the treatment of lower urinary tract symptoms secondary to benign prostatic hyperplasia: a NICE Medical Technology Guidance. Appl Health Econ Health Policy. Jan 30 2016. PMID 26832146
25. Roehrborn CG, Rukstalis DB, Barkin J, et al. Three year results of the prostatic urethral L.I.F.T. study. Can J Urol. Jun 2015;22(3):7772-7782. PMID 26068624
26. Roehrborn CG. Prostatic urethral lift: a unique minimally invasive surgical treatment of male lower urinary tract symptoms secondary to benign prostatic hyperplasia. Urol Clin North Am. Aug 2016;43(3):357-369. PMID 27476128
27. National Institute for Health and Care Excellence (NICE). Nice Interventional Procedural Guidance IPG475: Insertion of prostatic urethral lift implants to treat lower urinary tract symptoms secondary to benign prostatic hyperplasia. 2014; <http://www.nice.org.uk/guidance/ipg475/chapter/1-recommendations>. Accessed November 25, 2017.
28. Blue Cross and Blue Shield Medical Policy Reference Manual (MPRM). Prostatic Urethral Lift. MPRM 7.01.151 September 2019.

## 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.

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.
01/2019	Updated policy criteria with network provider subject matter expert input. Clarified criteria and age range especially around definition of obstructive uropathy and eliminated PSA requirement for subgroups who would not otherwise require PSA such as elderly patients with BPH and LUTS and known cancer patients.
01/2020	Updated policy language for clarity and after receipt of clinical feedback and review of literature amended prostate volume from 80 to 100ccs. Updated references.

### Eligible providers

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

### Approved by BCBSVT Medical Directors

### Date Approved

Joshua Plavin, MD, MPH, MBA  
Chief Medical Officer

Kate McIntosh, MD, MBA, FAAP  
Senior Medical Director

Attachment I

Code Type	Number	Brief Description	Policy Instructions
<b>The following codes are considered as medically necessary when applicable criteria have been met.</b>			
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