Medical Guideline Disclaimer

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Definitions

The UroLift® system is a minimally invasive implant developed to treat lower urinary tract symptoms (LUTS) related to urinary outflow obstruction secondary to benign prostatic hypertrophy (BPH) in men 50 years of age or older. In this procedure, permanent implants (made from common implantable materials: nitinol, stainless steel and polyethylene terephthalate) are delivered trans-prostatically to retract the enlarged lateral lobes of the prostate. This procedure dilates the prostatic urethra in leading to improvement in LUTS symptoms without the need for surgical resection or the application of thermal energy to the prostate.

Guideline

Prostatic urethral lift procedures are considered medically necessary for Medicare members when all of the following criteria are met:

1. Symptomatic BPH in male members ≥ 50 years of age with well documented voiding symptoms consistent with prostatic hypertrophy
2. AUA symptom index (AUASI) score ≥ 13
3. Peak urine flow rate (Qmax) ≤ 12 cc/sec on a voided volume of > 125 cc
4. Member has had an adequate trial of, but is refractory to or intolerant of, usual BPH medication
5. Prostate volume ≤ 80 cc without an obstructive median lobe
6. No signs, symptoms or diagnostic evidence of active urinary infection and no history of bacterial prostatitis within prior 12-month period
7. Normal renal function
8. Member is a poor candidate for alternate surgical BPH interventions due to any of the following:
- Presence of underlying disease (e.g. cardiac, pulmonary, etc.)
- High risk for bleeding
- Member chooses PUL based on likelihood of preserving erectile function and/or another documented reason

**Limitations/Exclusions**

Coverage is for surgical intervention with up to a total of six implants. Implants in excess of six will deny but may be reconsidered on an exception basis with a formal redetermination.

**Applicable Procedure Codes**

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<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>52441</td>
<td>Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant</td>
</tr>
<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)</td>
</tr>
<tr>
<td>C9739</td>
<td>Cystourethroscopy, with insertion of transprostatic implant; 1 to 3</td>
</tr>
<tr>
<td>C9740</td>
<td>Cystourethroscopy, with insertion of transprostatic implant; 4 or more implants</td>
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<tr>
<td>L8699</td>
<td>Prosthetic implant, not otherwise specified</td>
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**Applicable Diagnosis Codes**

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<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>N40.1</td>
<td>Enlarged prostate with lower urinary tract symptoms</td>
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**References**


