MASSACHUSETTS

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Medical Policy
Prostatic Urethral Lift

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Policy Number: 744

BCBSA Reference Number: 7.01.151
NCD/LCD: NA

Related Policies

None

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity Medicare HMO Blue[SM] and Medicare PPO Blue[SM] Members

Use of prostatic urethral lift in individuals with moderate-to-severe lower urinary tract obstruction due to benign prostatic hyperplasia may be considered **MEDICALLY NECESSARY** when **all** of the following criteria are met:

- The patient has persistent or progressive lower urinary tract symptoms despite medical therapy (α1-adrenergic antagonists maximally titrated, 5α-reductase inhibitors, or combination medication therapy maximally titrated) over a trial period of no less than 6 months, or is unable to tolerate medical therapy; **AND**
- Prostate gland volume is ≤80 mL; **AND**
- Prostate anatomy demonstrates normal bladder neck without an obstructive or protruding median lobe; **AND**
- Patient does not have urinary retention, urinary tract infection, or recent prostatitis (within past year); **AND**
- Patient has had appropriate testing to exclude diagnosis of prostate cancer; **AND**
- Patient does not have a known allergy to nickel, titanium or stainless steel.

Use of prostatic urethral lift in other situations, including repeat procedures, is considered **INVESTIGATIONAL**.

Prior Authorization Information

Inpatient

- For services described in this policy, precertification/preauthorization **IS REQUIRED** if the procedure is performed **inpatient**.

Outpatient

- For services described in this policy, see below for situations where prior authorization **might be required** if the procedure is performed **outpatient**.

	Outpatient
Commercial Managed Care (HMO and POS)	Prior authorization is **not required**.
Commercial PPO and Indemnity	Prior authorization is **not required**.
Medicare HMO Blue℠	Prior authorization is **not required**.
Medicare PPO Blue℠	Prior authorization is **not required**.

CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The above medical necessity criteria MUST be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:

CPT Codes

CPT codes:	Code Description
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant
52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)

HCPCS Codes

HCPCS codes:	Code Description
C9739	Cystourethroscopy, with insertion of transprostatic implant; 1 to 3 implants
C9740	Cystourethroscopy, with insertion of transprostatic implant; 4 or more implants

The following ICD Diagnosis Code is considered medically necessary when submitted with the CPT and/or HCPCS codes above if medical necessity criteria are met:

ICD-10 Diagnosis Coding

ICD-10-CM-diagnosis codes:	Code Description
N40.1	Benign prostatic hyperplasia with lower urinary tract symptoms

Description

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. The clinical manifestations of BPH include increased urinary frequency, nocturia, urgency or hesitancy to urinate, and a weak stream when urinating. The

urinary tract symptoms often progress with worsening hypertrophy and may lead to acute urinary retention, incontinence, renal insufficiency, and/or urinary tract infection.

Two scores are widely used to evaluate BPH-related symptoms: the American Urological Association Symptom Index (AUASI) and the International Prostate Symptom Score (IPSS). The AUASI is a self-administered 7-item questionnaire assessing the severity of various urinary symptoms.[1] Total AUASI scores range from 0 to 35, with overall severity categorized as mild (≤7), moderate (8-19), or severe (20-35).[2] The IPSS incorporates questions from the AUASI and a quality of life question or a "Bother score."[3]

Summary

Benign prostatic hyperplasia (BPH) is a common condition in older individuals that can lead to increased urinary frequency, an urgency to urinate, a hesitancy to urinate, nocturia, and a weak stream when urinating. The prostatic urethral lift (PUL) procedure involves the insertion of one or more permanent implants into the prostate, which retracts prostatic tissue and maintains an expanded urethral lumen. For individuals who have lower urinary tract obstruction symptoms due to BPH who do not have sufficient response to medical therapy or are experiencing significant side effects with medical therapy and receive a PUL, the evidence includes systematic reviews, randomized controlled trials (RCTs), and noncomparative studies. Relevant outcomes are symptoms, functional outcomes, health status measures, quality of life, and treatment-related morbidity. One RCT, the BPH6 study, compared the PUL procedure with transurethral resection of the prostate and reported that the PUL procedure was noninferior for the study's composite endpoint, which required concurrent fulfillment of 6 independently validated measures of symptoms, safety, and sexual health. While transurethral resection of the prostate was superior to PUL in managing lower urinary tract symptoms, PUL did provide significant symptom improvement over 2 years. PUL was further superior to transurethral resection of the prostate in preserving ejaculatory function. These findings were corroborated by another RCT (the LIFT study), which compared PUL with sham control. Patients underwent washout of BPH medications before enrollment. LIFT reported that patients with the PUL procedure, compared with patients who had sham surgery and no BPH medication, had greater improvements in lower urinary tract symptoms without worsened sexual function at 3 months. After 3 months, patients were given the option to have PUL surgery; 80% of the patients with sham procedures chose that option. Publications from this trial reported that functional improvements were durable over 3-, 4-, and 5-year follow-ups in a subset of patients treated with PUL; there was a high number of exclusions and loss to follow-up in that group. The BPH6 and LIFT RCTs included men with prostate volume up to 80 cm^3 and excluded men with median lobe obstruction. Selection criteria of patients for whom evidence is sufficient to support improvement are derived from clinical trial eligibility criteria, product labeling, and clinical input. The evidence is sufficient to determine that the technology results in a meaningful improvement in the net health outcome.

Policy History

Date	Action
1/2021	BCBSA National medical policy review. Repeat procedures added to the investigational policy statement. Effective 1/1/2021.
1/2020	BCBSA National medical policy review. Medically necessary statement was updated to remove: Patient does not have prostate-specific antigen level ≥3 ng/ml. Medically necessary criterion regarding nickel allergy was expanded to include titanium and stainless steel. Effective 1/1/2020.
1/2019	BCBSA National medical policy review. The medically necessary statement related to not being a surgical candidate for TURP was removed. Effective 1/1/2019.
6/2018	BCBSA National medical policy review. New medically necessary indications described. Clarified coding information. Effective 6/1/2018.
10/2016	New references added from BCBSA National medical policy.
8/2016	Local Coverage Determination (LCD): Prostatic Urethral Lift (PUL) (L36601) indicating coverage for Medicare members added. Effective 7/1/2016.
1/2016	New medical policy describing investigational indications. Effective 1/1/2016.

Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:
Medical Policy Terms of Use
Managed Care Guidelines
Indemnity/PPO Guidelines
Clinical Exception Process
Medical Technology Assessment Guidelines

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