02-54000-21

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Reviewed: 09/24/20

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Subject: Temporary Prostatic Stent and Prostatic Urethral Lift

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

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.

Temporary Prostatic Stent: Intraprostatic stenting has been investigated as a short- term treatment option permitting voluntary urination as an alternative to an indwelling catheter. The U.S. Food and Drug Administration (FDA) granted premarket approval (PMA) for The Spanner™ (Abbeymoore Medical Inc.) December 2006. The device is inserted under topical anesthesia and is intended for temporary use (up to 30 days) to maintain urine flow and allow voluntary urination in patients following minimally invasive treatment for BPH and after initial post-treatment catheterization.

Prostatic Urethral Lift: 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 device is designed to retract the prostate to allow expansion of the prostatic urethra. The implants are retained in the prostate to maintain an expanded urethral lumen. One device, the NeoTract® UroLift® System, has been cleared for marketing by the FDA.

POSITION STATEMENT:

Use of prostatic urethral lift in members with moderate-to-severe lower urinary tract obstruction due to benign prostatic hyperplasia **meets the definition of medical necessity** when **ALL** of the following criteria are met:

1. Member 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;
2. Prostate gland volume is ≤80 mL
3. Prostate anatomy demonstrates normal bladder neck without an obstructive or protruding median lobe
4. Member does not have urinary retention, urinary tract infection, or recent prostatitis (within past year)
5. Member has had appropriate testing to exclude diagnosis of prostate cancer **AND**
6. Member does not have a known allergy to nickel, titanium or stainless steel.

Use of prostatic urethral lift in all other situations, including repeat procedures, is considered **experimental or investigational.** The evidence is insufficient to determine the effects of the technology on health outcomes.

Use of a temporary prostatic stent is considered **experimental or investigational** for all indications. The evidence is insufficient to determine the effects of the technology on health outcomes.

BILLING/CODING INFORMATION:

CPT Coding

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)
53855	Insertion of a temporary prostatic urethral stent, including urethral measurement (**Investigational**)

HCPCS Coding

C9739	Cystourethroscopy, with insertion of transprostatic implant; 1 to 3 implants
C9740	Cystourethroscopy, with insertion of transprostatic implant; 4 or more implants
C9769	Cystourethroscopy, with insertion of temporary prostatic implant/stent with fixation/anchor and incisional struts **(Investigational)**

ICD-10 Diagnosis Codes That Support Medical Necessity:

N40.1	Benign prostatic hyperplasia with lower urinary tract symptoms

REIMBURSEMENT INFORMATION:

Refer to section entitled **POSITION STATEMENT**.

PROGRAM EXCEPTIONS:

Federal Employee Program (FEP): Follow FEP guidelines.

State Account Organization (SAO): Follow SAO guidelines.

Medicare Advantage products: No National Coverage Determination (NCD) and/or Local Coverage Determination (LCD) were found at the time of the last guideline reviewed date.

DEFINITIONS:

No guideline specific definitions apply.

RELATED GUIDELINES:

None.

OTHER:

None.

REFERENCES:

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COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy & Coverage Committee on 09/24/20.

GUIDELINE UPDATE INFORMATION:

03/15/05	New Medical Coverage Guideline.
03/15/06	Annual review: continue investigational.
02/15/07	Scheduled review. No change in investigational status. Revised when services are covered; add “of temporary prostatic stent”. Added “temporary prostatic” to Billing/Coding Information section-ICD-9 diagnoses codes that support medical necessity. Updated references.
06/15/07	Reformatted guideline; references updated.
03/15/08	Annual review: position statement maintained, description section updated, references updated.
03/15/09	Annual review: position statement maintained and references updated.
01/01/10	Annual HCPCS coding update: added code 53855, deleted code 0084T.
03/15/10	Annual review: position statement maintained; description section and references updated.
02/15/11	Annual review: position statement maintained and references updated.
10/15/11	Scheduled review; position statement maintained, description section and references updated.
11/15/12	Annual review; position statement maintained and references updated.
09/15/13	Annual review; investigational position statement maintained and references updated.
08/15/14	Annual review; position statement maintained and references updated.
06/15/15	Annual review; position statement, billing/coding, description, guideline title and references

	updated.
04/15/16	Revision; position statements maintained and references updated
05/15/17	Revision; Investigational position statements maintained; description and references updated.
02/15/18	Annual review; PUL coverage statement added; description, coding, & references updated.
10/15/18	Review; Coverage criteria and references updated.
10/15/19	Review; *Prostate-specific antigen level ≥3 ng/mL* removed from PUL criteria; investigational temporary prostatic stent position maintained; and references updated.
10/01/20	Quarterly CPT/HCPCS coding update; added code C9769.
10/15/20	Review; Investigational position statement and references updated.