### Coverage Summary

#### Prostate: Services and Procedures

<table>
<thead>
<tr>
<th>Policy Number:</th>
<th>Products: UnitedHealthcare Medicare Advantage Plans</th>
<th>Original Approval Date: 02/26/2008</th>
</tr>
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<tr>
<td>C-009</td>
<td></td>
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</table>

Approved by: UnitedHealthcare Medicare Benefit Interpretation Committee

Last Review Date: 10/17/2017

Related Medicare Advantage Policy Guideline: [Cryosurgery of Prostate (NCD 230.9)]

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The benefit information in this Coverage Summary is based on existing national coverage policy, however Local Coverage Determinations (LCDs) may exist and compliance with these policies are required where applicable.

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### I. COVERAGE

**Coverage Statement:** Services and procedures for the diagnosis and treatment of prostate conditions may be covered when Medicare criteria are met.

**Guidelines/Notes:**

1. **Prostate Cancer Screening:** see the Coverage Summary for Preventive Health Services and Procedures

2. **Cryosurgery of Prostate**
   Salvage cryosurgery of prostate is covered when Medicare criteria are met. See the NCD for Cryosurgery of Prostate (230.9). (Accessed October 4, 2017)

3. **Temporary Prostatic Stent (e.g., Spanner™ and Memokath™ Temporary Prostatic Stent) (CPT code 53855)**
   - Medicare does not have National Coverage Determination (NCD) for temporary prostatic stent.
   - Local Coverage Determinations (LCDs) do not exist at this time.
For coverage guidelines, see the UnitedHealthcare Medical Policy for Omnibus Codes. (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no state LCD or Local Article is found, then use the above referenced policy.)

Committee approval date: October 17, 2017

Accessed October 4, 2017

4. Prostatic Urethral Lift (e.g., UroLift®) (CPT/HCPCS codes 52441, 52442, C9739, C9740 and L8699)
   - Medicare does not have National Coverage Determination (NCD) for temporary prostatic stent.
   - Local Coverage Determinations (LCDs) exist and compliance with these policies is required where applicable. See the LCD Availability Grid (Attachment A) for state-specific LCDs.
   - For coverage guidelines, see the UnitedHealthcare Medical Policy for Omnibus Codes. (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no state LCD or Local Article is found, then use the above referenced policy.)
   - Committee approval date: October 17, 2017
   - Accessed October 4, 2017

II. DEFINITIONS

Cryosurgery of the Prostate Gland: Also known as cryosurgical ablation of the prostate (CSAP) destroys prostate tissue by applying extremely cold temperatures in order to reduce the size of the prostate gland. NCD for Cryosurgery of Prostate (230.9). (Accessed October 2, 2017)

III. REFERENCES

See above

IV. REVISION HISTORY

10/17/2017 Re-review with the following updates:
   - Changed title from “Cryosurgery for Prostate Cancer” to “Prostate: Services and Procedures”.
   - Coverage statement updated to read “Services and procedures for the diagnosis and treatment of prostate conditions may be covered when Medicare criteria are met.”
   - Guideline 2 (Cryosurgery of Prostate) – detailed guideline removed; replaced with the following: Salvage cryosurgery of prostate is covered when Medicare criteria are met. See the NCD for Cryosurgery of Prostate (230.9).
   - Guideline 3 [Temporary Prostatic Stent (e.g., Spanner™ and Memokath™ Temporary Prostatic Stent) (CPT code 53855)] – guideline added (new to the policy)
   - Guideline 4 [Prostatic Urethral Lift (e.g., UroLift®) (CPT/HCPCS codes 52441, 52442, C9739, C9740 and L8699)] - guideline added (new to the policy)

07/17/2016 Annual review; no updates.

07/26/2016 Annual review; no updates.

07/21/2015 Annual review; no updates.
V. ATTACHMENT(S)

Attachment A - LCD Availability Grid

Prostatic Urethral Lift (e.g., UroLift®)
(CPT/HCPCS codes 52441, 52442, C9739, C9740 and L8699)

CMS website accessed October 4, 2017

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor Name</th>
<th>States</th>
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<tbody>
<tr>
<td>L36601</td>
<td>Prostatic Urethral Lift (PUL)</td>
<td>A and B MAC</td>
<td>National Government Services, Inc.</td>
<td>CT, IL, MA, ME, MN, NH, NY, RI, WI, VT</td>
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<td>L36775</td>
<td>Prostatic Urethral Lift (PUL)</td>
<td>A and B MAC</td>
<td>First Coast Service Options, Inc.</td>
<td>FL, PR, VI</td>
</tr>
<tr>
<td>L36109</td>
<td>Minimally Invasive Treatment for Benign Prostatic Hyperplasia Involving Prostatic Urethral Lift (Urolift®)</td>
<td>A and B MAC</td>
<td>Palmetto GBA</td>
<td>NC, SC, VA, WV</td>
</tr>
</tbody>
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End of Attachment A