Coverage Summary

Prostate: Services and Procedures

Policy Number: C-009  Products: UnitedHealthcare Medicare Advantage Plans
Original Approval Date: 02/26/2008
Approved by: UnitedHealthcare Medicare Benefit Interpretation Committee
Last Review Date: 05/19/2020

Related Medicare Advantage Policy Guidelines:
- Category III CPT Codes
- Cryosurgery of Prostate (NCD 230.9)
- Prostate Rectal Spacers

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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.

There are instances where this document may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG). In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence (Medicare IOM Pub. No. 100-16, Ch. 4, §90.5).

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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 July 8, 2019)
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)/Local Coverage Articles (LCAs) do not exist at this time.
   - **For coverage guideline**, see the UnitedHealthcare Commercial Medical Policy for Omnibus Codes. (**IMPORTANT NOTE:** After searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
   - **Committee approval date:** July 23, 2019
   - **Accessed April 20, 2020**

4. **Prostate Rectal Spacers Placement** (CPT code 55874)
   - Medicare does not have National Coverage Determination (NCD) for prostate rectal spacers.
   - Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For state-specific LCDs/LCAs, see the LCD Availability Grid (Attachment A).
   - **For states with no LCDs/LCAs, see the UnitedHealthcare Commercial Medical Policy for Omnibus Codes for coverage guideline. (**IMPORTANT NOTE:** After checking the LCD Availability Grid and searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
   - **Committee approval date:** July 23, 2019
   - **Accessed May 12, 2020**

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**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 July 8, 2019)

**III. REFERENCES**

See above

**IV. REVISION HISTORY**

05/19/2020 Guideline 5 [Prostatic Urethral Lift (e.g., UroLift®) (CPT/HCPCS codes 52441, 52442, C9739, C9740 and L8699)]
   - Removed coverage guidelines (no CMS reference available)
   - **Attachments**
     - Removed Local Coverage Determination (LCD)/Local Coverage Article (LCA) Availability Grid for Prostatic Urethral Lift (e.g., UroLift®) (CPT/HCPCS codes 52441, 52442, C9739, C9740 and L8699)
## Attachment A – LCD Availability Grid

**Prostate Rectal Spacers Placement (CPT code 55874)**

(CPT code 55874)

CMS website accessed May 12, 2020

<table>
<thead>
<tr>
<th>ID #</th>
<th>Title</th>
<th>Contractor Type</th>
<th>Contractor</th>
<th>States</th>
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<td>L37485</td>
<td>Prostate Rectal Spacers</td>
<td>A and B MAC</td>
<td>National Government Services, Inc.</td>
<td>CT, IL, MA, ME, MN, NH, NY, RI, VT, WI</td>
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<tr>
<td>(A56539)</td>
<td></td>
<td></td>
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End of Attachment A