Coverage Summary

Prostate: Services and Procedures

<table>
<thead>
<tr>
<th>Policy Number: C-009</th>
<th>Products: UnitedHealthcare Medicare Advantage Plans</th>
<th>Original Approval Date: 02/26/2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved by: UnitedHealthcare Medicare Benefit Interpretation Committee</td>
<td></td>
<td>Last Review Date: 07/23/2019</td>
</tr>
</tbody>
</table>

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

INDEX TO COVERAGE SUMMARY

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<td>3. Temporary Prostatic Stent (e.g., Spanner® and Memokath™ Temporary Prostatic Stent)</td>
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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 August 26, 2019

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 December 4, 2019

5. Prostatic Urethral Lift (e.g., UroLift®) (CPT/HCPCS codes 52441, 52442, C9739, C9740 and L8699)
   - Medicare does not have National Coverage Determination (NCD) for prostatic urethral stent.
   - Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. See the LCD Availability Grid (Attachment B) for state-specific LCDs/LCAs.
   - For coverage guidelines, see the Palmetto GBA LCD for Minimally Invasive Treatment for Benign Prostatic Hyperplasia Involving Prostatic Urethral Lift (Urolift®)(L36109)
     (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 December 4, 2019

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

07/23/2019  Attachments
- Updated Local Coverage Determination (LCD) Availability Grids to reflect the most current reference links

V. ATTACHMENTS

Attachment A - LCD Availability Grid
Prostate Rectal Spacers Placement (CPT code 55874)
(CPT code 55874)
CMS website accessed December 4, 2019

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

End of Attachment A

Attachment B - LCD Availability Grid
Prostatic Urethral Lift (e.g., UroLift®)
(CPT/HCPCS codes 52441, 52442, C9739, C9740 and L8699)
CMS website accessed December 4, 2019

<table>
<thead>
<tr>
<th>LCD ID</th>
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<th>States</th>
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<tbody>
<tr>
<td>L36109 (A56723)</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>AL, GA, NC, SC, TN, VA, WV</td>
</tr>
<tr>
<td>L36775</td>
<td>Prostatic Urethral Lift (PUL)</td>
<td>A and B MAC</td>
<td>First Coast Service</td>
<td>FL, PR, VI</td>
</tr>
</tbody>
</table>

End of Attachment B