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: 02/19/2019

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).

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IV. REVISION HISTORY

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 9, 2018)

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 17, 2018
   - Accessed July 9, 2018

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 17, 2018
   - Accessed June 20, 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: February 19, 2019
   - Accessed June 20, 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 9, 2018)
III. REFERENCES

See above

IV. REVISION HISTORY

04/01/2019 Updated policy introduction; added language to clarify:
- There are instances where [the Coverage Summary] 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)
- Retitled reference links that direct users to UnitedHealthcare Commercial policies

02/19/2019 Re-review with the following update:
Guideline 5 [Prostatic Urethral Lift (e.g., UroLift®)] – added new guideline.

09/18/2018 Updated Local Coverage Determination (LCD) Availability Grid; removed instruction to “use the applicable LCD based on member’s residence/place and type of service” (this note only applies when selecting the appropriate DME LCD Policy)

07/17/2018 Annual review with the following update:
Guideline 4 [Prostate Rectal Spacers Placement (CPT code 55874)] – added new guideline

05/11/2018 Re-review with the following update:
Guideline 4 [Prostatic Urethral Lift (e.g., UroLift®)] – deleted guideline; only 2 MACs with LCDs; Palmetto (NC, SC, VA, WV, AL, GA, TN); First Coast (FL); there is no UHC Medical Policy

03/20/2018 Re-review with the following update:
Guideline 4 [Prostatic Urethral Lift (e.g., UroLift®) (CPT/HCPCS codes 52441, 52442, C9739, C9740 and L8699)] – changed default policy for states with no LCDs from National Government Services LCD for Prostatic Urethral Lift (PUL) (L36601) (retired February 28, 2018) to Palmetto GBA LCD for Minimally Invasive Treatment for Benign Prostatic Hyperplasia Involving Prostatic Urethral Lift (Urolift®) (L36109).

01/16/2018 Re-review with the following update:
Guideline 4 (Prostatic Urethral Lift) - Updated the applicable LCDs to include the most recent website links and effective dates related to the Cahaba-Palmetto jurisdiction transition; no change in guideline.

11/20/2017 Re-review with the following updates:
Guideline 4 [Prostatic Urethral Lift (e.g., UroLift®) (CPT/HCPCS codes 52441, 52442, C9739, C9740 and L8699)] – replaced default policy for states with no LCDs from UnitedHealthcare Medical Policy for Omnibus Codes to the National Government Services LCD for Prostatic Urethral Lift (PUL) (L36601)
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.
07/15/2014  Annual review; definition of Cryosurgery of the Prostate Gland updated; added the reference link to the Medicare NCD for Cryosurgery of Prostate (230.9).
08/20/2013  Annual review; no updates.
08/20/2012  Annual review; no updates.
08/29/2011  Annual review; no updates.

V. ATTACHMENTS

Attachment A - LCD Availability Grid
Prostate Rectal Spacers Placement (CPT code 55874)
(CPT code 55874)
CMS website accessed June 20, 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</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 June 20, 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>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>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 &amp; VI</td>
</tr>
</tbody>
</table>

End of Attachment B