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: 09/18/2018

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

INDEX TO COVERAGE SUMMARY

I. COVERAGE
   1. Prostate Cancer Screening
   2. Cryosurgery of Prostate
   3. Temporary Prostatic Stent (e.g., Spanner™ and Memokath™ Temporary Prostatic Stent)
   4. Prostate Rectal Spacers Placement (CPT code 55874)

II. DEFINITIONS

III. REFERENCES

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 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 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 July 9, 2018

**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**

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
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
<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