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

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)](https://www.cms.gov/Center/National-Coverage-Determinations/NCDS/Downloads/Cryosurgery-230.9.pdf) (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](https://www.unitedhealthcare.com). (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](https://www.unitedhealthcare.com).
   
   - For states with no LCDs/LCAs, see the [UnitedHealthcare Commercial Medical Policy for Omnibus Codes](https://www.unitedhealthcare.com) 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 February 15, 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](https://www.unitedhealthcare.com) 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 February 15, 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)](https://www.cms.gov/Center/National-Coverage-Determinations/NCDS/Downloads/Cryosurgery-230.9.pdf). (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)
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)

Annual review; no updates.

Annual review; no updates.

Annual review; no updates.

Annual review; definition of Cryosurgery of the Prostate Gland updated; added the reference link to the Medicare NCD for Cryosurgery of Prostate (230.9).

Annual review; no updates.

Annual review; no updates.

Annual review; no updates.

V. ATTACHMENTS

Attachment A - LCD Availability Grid
Prostate Rectal Spacers Placement (CPT code 55874)
(CPT code 55874)
CMS website accessed February 15, 2019

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor Type</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</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 February 15, 2019

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor Type</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