

Prostate Services and Procedures

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[Instructions for Use](#)

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

Coverage Guidelines

Services and procedures for the diagnosis and treatment of prostate conditions may be covered when Medicare criteria are met.

Prostate Cancer Screening

Refer to the Coverage Summary titled [Preventive Health Services and Procedures](#).

Cryosurgery of Prostate

Salvage cryosurgery of prostate is covered when Medicare criteria are met. Refer to the [NCD for Cryosurgery of Prostate \(230.9\)](#). (Accessed June 23, 2021)

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.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Prostate Surgeries and Interventions](#).

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

Fluid Jet System for Treatment of Benign Prostatic Hyperplasia (BPH) (CPT code 0421T)

Medicare does not have National Coverage Determination (NCD) for fluid jet system for treatment of BPH.

Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist for all states/territories and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Fluid Jet System for Treatment of Benign Prostatic Hyperplasia \(BPH\)](#).

UroLift® System (CPT codes 52441, 52442, C9739, C9740 and L8699)

Medicare does not have National Coverage Determination (NCD) for the UroLift® System. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines refer to the UnitedHealthcare Commercial Medical Policy titled [Prostate Surgeries and Interventions](#).

Note: May also see UroLift® System reported HCPCS code L8699.

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 specific LCDs/LCAs, refer to the table for [Prostate Rectal Spacers Placement](#).

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled [Prostate Surgeries and Interventions](#).

Note: After checking the [Prostate Rectal Spacers Placement](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

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 June 23, 2021)

Supporting Information

Important Note: When searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the applicable referenced default policy below for coverage guidelines.

Prostate Rectal Spacers Placement				
Accessed October 12, 2021				
LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L37485 (A56539)	Prostate Rectal Spacers	Part A and B MAC	National Government Services, Inc.	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
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Fluid Jet System for Treatment of Benign Prostatic Hyperplasia (BPH)				
Accessed October 11, 2021				
LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L38378 (A57926)	Fluid Jet System in the Treatment of Benign Prostatic Hyperplasia (BPH)	Part A and B MAC	CGS Administrators, LLC	KY, OH
L38726 (A58264)	Transurethral Waterjet Ablation of the Prostate	Part A and B MAC	First Coast Service Options, Inc.	FL, PR, VI
L38367 (A56797)	Fluid Jet System Treatment for LUTS/BPH	Part A and B MAC	National Government Services, Inc.	CT, IL, MA, ME, MN, NH, NY, RI, WI, VT

Fluid Jet System for Treatment of Benign Prostatic Hyperplasia (BPH)

Accessed October 11, 2021

LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L38705 (A58227)	Transurethral Waterjet Ablation of the Prostate	Part A and B MAC	Noridian Healthcare Solutions, LLC	AS, CA, GU, HI, MP, NV
L38707 (A58229)	Transurethral Waterjet Ablation of the Prostate	Part A and B MAC	Noridian Healthcare Solutions, LLC	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L38712 (A58243)	Transurethral Waterjet Ablation of the Prostate	Part A and B MAC	Novitas Solutions, Inc.	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L38549 (A58008)	Transurethral Waterjet Ablation of the Prostate	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV
L38682 (A58209)	Transurethral Waterjet Ablation of the Prostate	Part A MAC	Wisconsin Physicians Service Insurance Corporation	AK*, AL*, AR*, AZ*, CA*, CO*, CT*, DE*, FL*, GA*, HI*, IA, ID*, IL*, IN, KS, KY*, LA*, MA*, MD*, ME*, MI, MO, MS*, MT*, NC*, ND*, NE, NH*, NJ*, NM*, NV*, OH*, OK*, OR*, PA*, RI*, SC*, SD*, TN*, TX*, UT*, VA*, VT*, WA*, WI*, WV*, WY* Note: States notated with an asterisk should follow the other available state-specific LCD/LCA listed in this table. This WPS LCD/LCA only applies to states without asterisk.
L38682 (A58209)	Transurethral Waterjet Ablation of the Prostate	Part B MAC	Wisconsin Physicians Service Insurance Corporation	IA, IN, KS, MI, MO, NE

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Policy History/Revision Information

Date	Summary of Changes
10/19/2021	<p>Coverage Guidelines</p> <p><i>Temporary Prostatic Stent (e.g., Spanner® and Memokath Temporary Prostatic Stent) (CPT code 53855)</i></p> <ul style="list-style-type: none"> ● Revised default guidelines for temporary prostatic stent: <ul style="list-style-type: none"> ○ Added reference link to the UnitedHealthcare Commercial Medical Policy titled <i>Prostate Surgeries and Interventions</i> ○ Removed reference link to the UnitedHealthcare Commercial Medical Policy titled <i>Omnibus Codes</i> <p><i>UroLift® System (CPT codes 52441, 52442, C9739, C9740, and HCPCS code L8699)</i></p> <ul style="list-style-type: none"> ● Updated list of applicable HCPCS codes; added L8699 <p><i>Prostate Rectal Spacers Placement (CPT code 55874)</i></p> <ul style="list-style-type: none"> ● Revised default guidelines for temporary prostatic stent: <ul style="list-style-type: none"> ○ Added reference link to the UnitedHealthcare Commercial Medical Policy titled <i>Prostate Surgeries and Interventions</i>

Date	Summary of Changes
	<ul style="list-style-type: none"> ○ Removed reference link to the UnitedHealthcare Commercial Medical Policy titled <i>Omnibus Codes</i> <p>Supporting Information</p> <ul style="list-style-type: none"> ● Updated list of available Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) to reflect the most current reference links ● Archived previous policy version MCS075.03

Instructions for Use

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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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