

Medical Coverage Policy | Prostatic Urethral Lifts



EFFECTIVE DATE: 01 | 01 | 2023

POLICY LAST UPDATED: 09 | 07 | 2022

OVERVIEW

Benign prostatic hyperplasia is a common condition in older men that can lead to increased urinary frequency, urgency, nocturia, hesitancy, and weak urinary stream. The prostatic urethral lift (PUL) procedure involves the insertion of 1 or more permanent implants into the prostate, which retract prostatic tissue and maintain an expanded urethral lumen.

MEDICAL CRITERIA

Medicare Advantage Plans and Commercial Products

Use of prostatic urethral lift in individuals with moderate-to-severe lower urinary tract obstruction due to benign prostatic hyperplasia may be considered medically necessary when all of the following criteria are met:

- The individual has persistent or progressive lower urinary tract symptoms despite medical therapy (α 1-adrenergic antagonists maximally titrated, 5 α -reductase inhibitors, or combination medication therapy maximally titrated) over a trial period of no less than 6 months, or is unable to tolerate medical therapy; AND,
- Prostate gland volume is \leq 80 mL; AND,
- Prostate anatomy demonstrates normal bladder neck without an obstructive or protruding median lobe; AND,
- Individual does not have urinary retention, urinary tract infection, or recent prostatitis (within past year); AND,
- Individual has had appropriate testing to exclude diagnosis of prostate cancer; AND,
- Individual does not have a known allergy to nickel, titanium or stainless steel.

PRIOR AUTHORIZATION

Prior authorization is required for Medicare Advantage Plans and recommended for Commercial Products via the online tool for participating providers. See the Related Policies section.

POLICY STATEMENT

Medicare Advantage Plans and Commercial Products

Use of prostatic urethral lift is considered medically necessary when all the criteria above has been met.

Use of prostatic urethral lift in other situations, including repeat procedures, is considered not covered for Medicare Advantage Plans and not medically necessary for Commercial Products as the evidence is insufficient to determine that the technology results in an improvement in the net health outcomes.

COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage or Subscriber Agreement for applicable not medically necessary benefits/coverage.

BACKGROUND

Benign prostatic hyperplasia (BPH) is a common condition in older individuals that can lead to increased urinary frequency, an urgency to urinate, a hesitancy to urinate, nocturia, and a weak stream when urinating. The prostatic urethral lift (PUL) procedure involves the insertion of one or more permanent implants into the prostate, which retracts prostatic tissue and maintains an expanded urethral lumen.

Management

Evaluation and management of BPH include assessment for other causes of lower urinary tract dysfunction (e.g., prostate cancer); symptom severity and the degree that symptoms are bothersome determine the therapeutic approach.

Medical Therapy

A discussion about medical therapy is generally indicated for patients with moderate-to-severe symptoms (eg, an AUASI score of ≥ 8), bothersome symptoms, or both. Available medical therapies for BPH-related lower urinary tract dysfunction include α -adrenergic blockers (eg, alfuzosin, doxazosin, tamsulosin, terazosin, silodosin), 5 α -reductase inhibitors (eg, finasteride, dutasteride), combination α -adrenergic blockers and 5 α -reductase inhibitors, anti-muscarinic agents (eg, darifenacin, solifenacin, oxybutynin), and phosphodiesterase-5 inhibitors (eg, tadalafil).¹ A 1999 meta-analysis of both indirect comparisons from placebo-controlled studies (including 6333 patients) and direct comparative studies (including 507 patients) found that the IPSS improved by 30% to 40% and the Qmax score (mean peak urinary flow rate) improved by 16% to 25% in individuals assigned to α -adrenergic blockers.⁴ Combination therapy using an α -adrenergic blocker and 5 α -reductase inhibitor has been shown to be more effective for improving IPSS than either treatment alone, with median scores improving by more than 40% over 1 year and by more than 45% over 4 years.⁵

Surgical and Ablative Therapies

Patients who do not have sufficient response to medical therapy, or who are experiencing significant side effects with medical therapy, may be referred for surgical or ablative therapies. Various surgical or ablative procedures are used to treat BPH. Transurethral resection of the prostate is generally considered the reference standard for comparisons of BPH procedures.⁶ In the perioperative period, transurethral resection of the prostate is associated with risks of any operative procedure (eg, anesthesia risks, blood loss). Although short-term mortality risks are generally low, 1 large prospective study with 10,654 patients reported the following short-term complications: “failure to void (5.8%), surgical revision (5.6%), significant urinary tract infection (3.6%), bleeding requiring transfusions (2.9%), and transurethral resection syndrome (1.4%).”⁷ Incidental carcinoma of the prostate was diagnosed by histologic examination in 9.8% of patients. In the longer term, transurethral resection of the prostate is associated with increased risk of sexual dysfunction and incontinence.

Several minimally invasive prostate ablation procedures have also been developed, including transurethral microwave thermotherapy, transurethral needle ablation of the prostate, urethromicroablation phototherapy, and photoselective vaporization of the prostate. The minimally invasive procedures were individually compared with transurethral resection of the prostate at the time they were developed, which provided a general benchmark for evaluating those procedures.

Prostatic Urethral Lift

The prostatic urethral lift procedure involves placement of one or more implants in the lateral lobes of the prostate using a transurethral delivery device. The implant device is designed to retract the prostate to allow expansion of the prostatic urethra. The implants are retained in the prostate to maintain an expanded urethral lumen.

One device, the NeoTract UroLift System, has been cleared for marketing by the U.S. Food and Drug Administration (FDA; see Regulatory Status section). The device has 2 main components: the delivery device and the implant. Each delivery device comes preloaded with a UroLift implant.

For individuals who have lower urinary tract obstruction symptoms (due to BPH) and receive a PUL, the evidence includes systematic reviews, randomized controlled trials, and noncomparative studies. Relevant outcomes are symptoms, functional outcomes, health status measures, quality of life, and treatment-related morbidity. One randomized controlled trial, the BPH6 study, compared the PUL procedure with transurethral resection of the prostate and reported that the PUL procedure was noninferior for the study’s composite end point, which required concurrent fulfilment of 6 independently validated measures of symptoms, safety, and sexual health. While transurethral resection of the prostate was superior to PUL in managing lower urinary tract symptoms, PUL did provide significant symptom improvement over 2 years. PUL was further superior to transurethral resection of the prostate in

preserving sexual function. These findings were corroborated by another randomized controlled trial, entitled the LIFT study, which compared PUL with sham control. Patients underwent washout of BPH medications before enrollment. LIFT reported that patients with the PUL procedure, compared with patients who had sham surgery and no BPH medication, had greater improvements in lower urinary tract symptoms without worsened sexual function at 3 months. After 3 months, patients were given the option to have PUL surgery; 80% of the patients with sham procedures chose that option. Publications from this trial reported that functional improvements were durable over 3-, 4-, and 5-year follow-ups in a subset of patients treated with PUL; there was a high number of exclusions and loss to follow-up in that group. The evidence is sufficient to determine the effects of the technology on health outcome

CODING

Medicare Advantage Plans and Commercial Products

The following code(s) are medically necessary when the medical criteria are met:

- 52441** Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant
- 52442** each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)
- C9739** Cystourethroscopy, with insertion of transprostatic implant; 1 to 3 implants (for institutional providers use only)
- C9740** Cystourethroscopy, with insertion of transprostatic implant; 4 or more Implants (for institutional providers use only)

RELATED POLICIES

Prior Authorization via Web-Based Tool for Procedures

PUBLISHED

Provider Update, November 2022
Provider Update, September 2021
Provider Update, September 2020
Provider Update, September 2019
Provider Update, November/December 2018

REFERENCES:

1. Sarma AV, Wei JT. Clinical practice. Benign prostatic hyperplasia and lower urinary tract symptoms. *N Engl J Med.* Jul 19 2012; 367(3): 248-57. PMID 22808960
2. Barry MJ, Fowler FJ, O'Leary MP, et al. Measuring disease-specific health status in men with benign prostatic hyperplasia. Measurement Committee of The American Urological Association. *Med Care.* Apr 1995; 33(4 Suppl):AS145-55. PMID 7536866
3. O'leary MP. Validity of the "bother score" in the evaluation and treatment of symptomatic benign prostatic hyperplasia. *Rev Urol.* 2005; 7(1): 1-10. PMID 16985801
4. Djavan B, Marberger M. A meta-analysis on the efficacy and tolerability of alpha1-adrenoceptor antagonists in patients with lower urinary tract symptoms suggestive of benign prostatic obstruction. *Eur Urol.* 1999; 36(1): 1-13. PMID 10364649
5. Foster HE, Barry MJ, Dahm P, et al. Surgical Management of Lower Urinary Tract Symptoms Attributed to Benign Prostatic Hyperplasia: AUA Guideline. *J Urol.* Sep 2018; 200(3): 612-619. PMID 29775639
6. Reich O, Gratzke C, Bachmann A, et al. Morbidity, mortality and early outcome of transurethral resection of the prostate: a prospective multicenter evaluation of 10,654 patients. *J Urol.* Jul 2008; 180(1): 246-9. PMID 18499179
7. Lerner LB, McVary KT, Barry MJ, et al. Management of Lower Urinary Tract Symptoms Attributed to Benign Prostatic Hyperplasia: AUA GUIDELINE PART II-Surgical Evaluation and Treatment. *J Urol.* Oct 2021; 206(4): 818-826. PMID 34384236
8. Sundaram D, Sankaran PK, Raghunath G, et al. Correlation of Prostate Gland Size and Uroflowmetry in Patients with Lower Urinary Tract Symptoms. *J Clin Diagn Res.* May 2017; 11(5): AC01-AC04. PMID 28658743
9. Rosen RC, Catania JA, Althof SE, et al. Development and validation of four-item version of Male Sexual Health Questionnaire to assess ejaculatory dysfunction. *Urology.* May 2007; 69(5): 805-9. PMID 17482908

10. Cappelleri JC, Rosen RC. The Sexual Health Inventory for Men (SHIM): a 5-year review of research and clinical experience. *Int J Impot Res.* Jul-Aug 2005; 17(4): 307-19. PMID 15875061
11. Sonksen J, Barber NJ, Speakman MJ, et al. Prospective, randomized, multinational study of prostatic urethral lift versus transurethral resection of the prostate: 12-month results from the BPH6 study. *Eur Urol.* Oct 2015; 68(4):643-52. PMID 25937539
12. Barry MJ, Williford WO, Chang Y, et al. Benign prostatic hyperplasia specific health status measures in clinical research: how much change in the American Urological Association symptom index and the benign prostatic hyperplasia impact index is perceptible to patients?. *J Urol.* Nov 1995; 154(5): 1770-4. PMID 7563343
13. Roehrborn CG, Wilson TH, Black LK. Quantifying the contribution of symptom improvement to satisfaction of men with moderate to severe benign prostatic hyperplasia: 4-year data from the CombAT trial. *J Urol.* May 2012; 187(5):1732-8. PMID 22425127
14. McVary KT, Roehrborn CG, Avins AL, et al. American Urological Association Guideline: Management of Benign Prostatic Hyperplasia (BPH). 2010 (affirmed 2014); [http://www.auanet.org/guidelines/benign-prostatic-hyperplasia-\(2010-reviewed-and-validity-confirmed-2014\)](http://www.auanet.org/guidelines/benign-prostatic-hyperplasia-(2010-reviewed-and-validity-confirmed-2014)). Accessed July 7, 2022.
15. Perera M, Roberts MJ, Doi SA, et al. Prostatic urethral lift improves urinary symptoms and flow while preserving sexual function for men with benign prostatic hyperplasia: a systematic review and meta-analysis. *Eur Urol.* Apr 2015; 67(4): 704-13. PMID 25466940
16. Cantwell AL, Bogache WK, Richardson SF, et al. Multicentre prospective crossover study of the 'prostatic urethral lift' for the treatment of lower urinary tract symptoms secondary to benign prostatic hyperplasia. *BJU Int.* Apr 2014; 113(4): 615-22. PMID 24765680
17. Shore N, Freedman S, Gange S, et al. Prospective multi-center study elucidating patient experience after prostatic urethral lift. *Can J Urol.* Feb 2014; 21(1): 7094-101. PMID 24529008
18. McNicholas TA, Woo HH, Chin PT, et al. Minimally invasive prostatic urethral lift: surgical technique and multinational experience. *Eur Urol.* Aug 2013; 64(2): 292-9. PMID 23357348
19. Chin PT, Bolton DM, Jack G, et al. Prostatic urethral lift: two-year results after treatment for lower urinary tract symptoms secondary to benign prostatic hyperplasia. *Urology.* Jan 2012; 79(1): 5-11. PMID 22202539
20. Woo HH, Bolton DM, Laborde E, et al. Preservation of sexual function with the prostatic urethral lift: a novel treatment for lower urinary tract symptoms secondary to benign prostatic hyperplasia. *J Sex Med.* Feb 2012; 9(2):568-75. PMID 22172161
21. Woo HH, Chin PT, McNicholas TA, et al. Safety and feasibility of the prostatic urethral lift: a novel, minimally invasive treatment for lower urinary tract symptoms (LUTS) secondary to benign prostatic hyperplasia (BPH). *BJU Int.* Jul 2011; 108(1): 82-8. PMID 21554526
22. Hoffman RM, Monga M, Elliott SP, et al. Microwave thermotherapy for benign prostatic hyperplasia. *Cochrane Database Syst Rev.* Sep 12 2012; (9): CD004135. PMID 22972068
23. Roehrborn CG, Gange SN, Shore ND, et al. The prostatic urethral lift for the treatment of lower urinary tract symptoms associated with prostate enlargement due to benign prostatic hyperplasia: the L.I.F.T. Study. *J Urol.* Dec 2013; 190(6): 2161-7. PMID 23764081
24. Shore N. A Review of the Prostatic Urethral Lift for Lower Urinary Tract Symptoms: Symptom Relief, Flow Improvement, and Preservation of Sexual Function in Men With Benign Prostatic Hyperplasia. *Curr Bladder Dysfunct Rep.* NA 2015; 10(2): 186-192. PMID 25984251
25. Roehrborn CG, Rukstalis DB, Barkin J, et al. Three year results of the prostatic urethral L.I.F.T. study. *Can J Urol.* Jun 2015; 22(3): 7772-82. PMID 26068624
26. McVary KT, Gange SN, Shore ND, et al. Treatment of LUTS secondary to BPH while preserving sexual function: randomized controlled study of prostatic urethral lift. *J Sex Med.* Jan 2014; 11(1): 279-87. PMID 24119101
27. Garrido Abad P, Coloma Del Peso A, Sinues Ojas B, et al. [Urolift(R), a new minimally invasive treatment for patients with low urinary tract symptoms secondary to BPH. Preliminary results]. *Arch Esp Urol.* Jul-Aug 2013; 66(6): 584-91. PMID 23985459
28. Jones P, Rajkumar GN, Rai BP, et al. Medium-term Outcomes of Urolift (Minimum 12 Months Follow-up): Evidence From a Systematic Review. *Urology.* Nov 2016; 97: 20-24. PMID 27208817

29. Bozkurt A, Karabakan M, Keskin E, et al. Prostatic Urethral Lift: A New Minimally Invasive Treatment for Lower Urinary Tract Symptoms Secondary to Benign Prostatic Hyperplasia. *Urol Int.* 2016; 96(2): 202-6. PMID 26613256
30. Ray A, Morgan H, Wilkes A, et al. The Urolift System for the Treatment of Lower Urinary Tract Symptoms Secondary to Benign Prostatic Hyperplasia: A NICE Medical Technology Guidance. *Appl Health Econ Health Policy.* Oct 2016; 14(5): 515-26. PMID 26832146
31. Tanneru K, Gautam S, Norez D, et al. Meta-analysis and systematic review of intermediate-term follow-up of prostatic urethral lift for benign prostatic hyperplasia. *Int Urol Nephrol.* Jun 2020; 52(6): 999-1008. PMID 32065331
32. Rukstalis D, Rashid P, Bogache WK, et al. 24-month durability after crossover to the prostatic urethral lift from randomised, blinded sham. *BJU Int.* Oct 2016; 118 Suppl 3: 14-22. PMID 27684483
33. Sievert KD, Schonhaler M, Berges R, et al. Minimally invasive prostatic urethral lift (PUL) efficacious in TURP candidates: a multicenter German evaluation after 2 years. *World J Urol.* Jul 2019; 37(7): 1353-1360. PMID 30283994
34. Jung JH, Reddy B, McCutcheon KA, et al. Prostatic urethral lift for the treatment of lower urinary tract symptoms in men with benign prostatic hyperplasia. *Cochrane Database Syst Rev.* May 25 2019; 5: CD012832. PMID 31128077
35. Gratzke C, Barber N, Speakman MJ, et al. Prostatic urethral lift vs transurethral resection of the prostate: 2-year results of the BPH6 prospective, multicentre, randomized study. *BJU Int.* May 2017; 119(5): 767-775. PMID 27862831
36. Franco JVA, Jung JH, Imamura M, et al. Minimally invasive treatments for benign prostatic hyperplasia: a Cochrane network meta-analysis. *BJU Int.* Aug 2022; 130(2): 142-156. PMID 34820997
37. Roehrborn CG. Prostatic Urethral Lift: A Unique Minimally Invasive Surgical Treatment of Male Lower Urinary Tract Symptoms Secondary to Benign Prostatic Hyperplasia. *Urol Clin North Am.* Aug 2016; 43(3): 357-69. PMID 27476128
38. Roehrborn CG, Barkin J, Gange SN, et al. Five year results of the prospective randomized controlled prostatic urethral L.I.F.T. study. *Can J Urol.* Jun 2017; 24(3): 8802-8813. PMID 28646935
39. Rukstalis D, Grier D, Stroup SP, et al. Prostatic Urethral Lift (PUL) for obstructive median lobes: 12 month results of the MedLift Study. *Prostate Cancer Prostatic Dis.* Sep 2019; 22(3): 411-419. PMID 30542055
40. Shah BB, Tayon K, Madiraju S, et al. Prostatic Urethral Lift: Does Size Matter?. *J Endourol.* Jul 2018; 32(7): 635-638. PMID 29631445
41. Eure G, Gange S, Walter P, et al. Real-World Evidence of Prostatic Urethral Lift Confirms Pivotal Clinical Study Results: 2-Year Outcomes of a Retrospective Multicenter Study. *J Endourol.* Jul 2019; 33(7): 576-584. PMID 31115257
42. Kaplan SA. Surgical Reintervention Rate after Prostatic Urethral Lift: Systematic Review and Meta-Analysis Involving over 2,000 Patients. *Letter. J Urol.* Mar 2021; 205(3): 939-940. PMID 33393811
43. Miller LE, Chughtai B, Dornbier RA, et al. Surgical Reintervention Rate after Prostatic Urethral Lift: Systematic Review and Meta-Analysis Involving over 2,000 Patients. *Reply. J Urol.* Mar 2021; 205(3): 940-941. PMID 33393812
44. McVary KT, Kaplan SA. A Tower of Babel in Today's Urology: Disagreement in Concepts and Definitions of Lower Urinary Tract Symptoms/Benign Prostatic Hyperplasia Re-Treatment. *J Urol.* Aug 2020; 204(2): 213-214. PMID 32469261
45. Miller LE, Chughtai B, Dornbier RA, et al. Surgical Reintervention Rate after Prostatic Urethral Lift: Systematic Review and Meta-Analysis Involving over 2,000 Patients. *J Urol.* Nov 2020; 204(5): 1019-1026. PMID 32396049
46. Gaffney CD, Basourakos SP, Al Hussein Al Awamlh B, et al. Adoption, Safety, and Retreatment Rates of Prostatic Urethral Lift for Benign Prostatic Enlargement. *J Urol.* Aug 2021; 206(2): 409-415. PMID 33793296
47. Page T, Veeratterapillay R, Keltie K, et al. Prostatic urethral lift (UroLift): a real-world analysis of outcomes using hospital episodes statistics. *BMC Urol.* Apr 07 2021; 21(1): 55. PMID 33827525
48. National Institute for Health and Care Excellence (NICE). Insertion of prostatic urethral lift implants to treat lower urinary tract symptoms secondary to benign prostatic hyperplasia [IPG475]. 2014; <https://www.nice.org.uk/guidance/ipg475/chapter/1-recommendations>. Accessed July 7, 2022.

49. National Institute for Health and Care Excellence (NICE). UroLift for treating lower urinary tract symptoms of benign prostatic hyperplasia [MTG58]. 2021; <https://www.nice.org.uk/guidance/MTG58>. Accessed July 7, 2022.

CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

