

DRAFT Medical Coverage Policy | Prostatic Urethral Lifts



EFFECTIVE DATE: 12|01|2025

POLICY LAST REVIEWED: 09|03|2025

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

Not applicable

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

Medicare Advantage Plans and Commercial Products

Effective 12/1/2025, Prostatic Urethral Lift is covered for both Medicare Advantage Plans and Commercial Products

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

Not applicable

CODING

Medicare Advantage Plans and Commercial Products

Effective 12/1/2025, the following code(s) are covered for Medicare Advantage Plans and Commercial Products and do not require prior authorization:

- 52441** Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant
- 52442** Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; 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

Not applicable

PUBLISHED

Provider Update, November 2025
Provider Update, November 2024
Provider Update, April 2023
Provider Update, November 2022

REFERENCES

Not applicable

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