Prostatic Urethral Lift

DESCRIPTION

The prostatic urethral lift procedure (e.g. UroLift®) involves the insertion of one or more permanent implants into the prostate, which retract prostatic tissue and maintain an expanded urethral lumen. This procedure can be done with minimal sedation and is often performed in the office setting.

Benign prostatic hyperplasia (BPH) is a common disorder among older men that results from hyperplastic nodules in the periurethral or transitional zone of the prostate. The normal prostate size for an adult male is 15cc to 30cc (one half ounce to one ounce). BPH prevalence increases with age and is present in more than 80% of men aged 70 to 79. The clinical manifestations of BPH include increased urinary frequency, urgency, nocturia, hesitancy, and weak stream. The urinary tract symptoms often progress with worsening hypertrophy and may lead to acute urinary retention, incontinence, renal insufficiency, and/or urinary tract infection.

Evaluation and management of BPH includes evaluation for other causes of lower urinary tract dysfunction (e.g., prostate cancer). Symptom severity determines the therapeutic approach. Therapies available include oral medications, surgical ablative procedures, or transurethral resection of the prostate (TURP).

POLICY

- The prostatic urethral lift procedure (e.g. UroLift®) is considered medically necessary if the medical appropriateness criteria are met. (See Medical Appropriateness below.)

MEDICAL APPROPRIATENESS

- The prostatic urethral lift procedure is considered medically appropriate if ALL of the following criteria are met:
  - Diagnosis of benign prostatic hyperplasia
  - Persistent (greater than 6 months) or progressive urinary outflow tract symptoms
  - Prostate gland volume is less than or equal to 80ml
  - Prostate anatomy demonstrates normal bladder neck without an obstructive or protruding median lobe
  - Has failed or is unable to tolerate medical therapy (e.g. α1-adrenergic antagonists, 5α-reductase inhibitors)
  - ABSENCE of ALL of the following:
    - Diagnosis of prostate cancer
    - Prostate-specific antigen (PSA) level greater than or equal to 3 ng/mL
    - Urinary tract infection
    - Urinary incontinence
    - Current gross hematuria
    - Recent prostatitis (within past year)
    - Nickel allergy

IMPORTANT REMINDERS

- Any specific products referenced in this policy are just examples and are intended for illustrative purposes only. It is not intended to be a recommendation of one product over another, and is not intended to represent a complete listing of all products available. These examples are contained in the parenthetical e.g. statement.

- We develop Medical Policies to provide guidance to Members and Providers. This Medical Policy relates only to the services or supplies described in it. The existence of a Medical Policy is not an authorization,
certification, explanation of benefits, or a contract for the service (or supply) that is referenced in the Medical Policy. For a determination of the benefits that a Member is entitled to receive under his or her health plan, the Member's health plan must be reviewed. If there is a conflict between the Medical Policy and a health plan, the express terms of the health plan will govern.

ADDITIONAL INFORMATION

Two scores are widely used to evaluate BPH-related symptoms: the American Urological Association Symptom Index (AUASI); and the International Prostate Symptom Score (IPSS). The AUASI is a self-administered seven-item questionnaire assessing the severity of various urinary symptoms. Total AUASI scores range from 0 to 35, with overall severity categorized as mild (≤7), moderate (8-19), or severe (20-35). The IPSS incorporates questions from the AUASI and a quality of life question or a “Bother score.”

SOURCES


McNicholas, T. A. (2016). Benign prostatic hyperplasia and new treatment options – a critical appraisal of the UroLift system. Medical Devices: Evidence and Research, 9, 115-123. (Level 2 evidence)


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**EFFECTIVE DATE** 5/1/2018

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