CLINICAL MEDICAL POLICY	
Policy Name:	Treatment of the Prostate
Policy Number:	MP-107-MD-PA
Responsible Department(s):	Medical Management
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Products:	Highmark Wholecare℠ Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1 of 12

Policy History

Date	Activity
08/01/2025	Provider Effective date
06/09/2025	PARP Approval
05/21/2025	QI/UM Committee review
05/21/2025	Annual Review: No changes to clinical criteria. Updated 'Summary of Literature' and 'Reference Sources' sections.
07/01/2024	Provider Effective date
04/26/2024	PARP Approval
12/20/2023	QI/UM Committee review
12/20/2023	Annual Review: Changed policy title from "*Prostatic Urethral Lift*" to "*Treatment of the Prostate*." Added coverage guidance under 'Procedures' section for HoLAP, HoLEP, HOLRP, PVP, TUEVP, TUVAP, TUMT, TURP, TULIP, WIT, and Prostatectomy. Updated coverage guidance for PUL. Added the following CPT codes: 52450, 52601, 52630, 52640, 52647, 52648, 52649, 53850, 53852. 53854, 55801, 55810, 55812, 55815, 55821, 55831, 55840, 55842. 55845, 55866, 55873, & 55899. Added the following ICD-10 codes: D29.1, D40.0, D49.59, N32.0, N32.89, N32.9, N39.41, N39.42, N39.43, N39.44, N39.45, N39.46, N40.0, N40.2, N42.83, N42.89, N32.9, C61, C79.82, D07.5, & Z85.46. Added the following Noncovered Procedure codes: 37243, 53855, 53899, 55880, C9739, C9740, & C9769. Updated 'Summary of Literature' and 'Reference Sources' sections.
03/01/2023	Provider Effective date

01/12/2023	PARP Approval
12/21/2022	QI/UM Committee review
12/21/2022	Annual Review: No changes to clinical criteria. Updated 'Summary of Literature' and 'Reference Sources' sections.
04/01/2022	Provider Effective date
11/14/2019	Initial policy developed

Disclaimer

Highmark Wholecare ℠ medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

Policy Statement

Highmark Wholecare℠ may provide coverage under the medical-surgical benefits of the Company's Medicaid products for medically necessary prostatic urethral lift (PUL) system for the treatment of symptoms of urinary flow obstruction secondary to benign prostatic hyperplasia (BPH).

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

(Current applicable Pennsylvania HealthChoices Agreement Section V. Program Requirements, B. Prior Authorization of Services, 1. General Prior Authorization Requirements.)

Definitions

Prior Authorization Review Panel (PARP) – A panel of representatives from within the PA Department of Human Services who have been assigned organizational responsibility for the review, approval, and denial of all PH-MCO Prior Authorization policies and procedures.

Benign Prostatic Hyperplasia (BPH) - A common condition as men get older. An enlarged prostate gland can cause uncomfortable urinary symptoms, such as blocking the flow of urine out of the bladder. It can also cause bladder, urinary tract, or kidney problems – also referred to as a prostate gland enlargement.

Transurethral Resection of the Prostate (TURP) – A surgical procedure used to treat urinary problems due to an enlarged prostate. A combined visual and surgical instrument (resectoscope) is inserted through the tip of the penis and into the tube that carries urine from the bladder (urethra). The prostate surrounds the urethra. Using the resectoscope, the surgeon trims away excess prostate tissue that is blocking urine flow.

Prostatic Urethral Lift (PUL) System – A minimally invasive system which provides anterolateral mechanical traction of the lateral lobes of the prostate, opening the urethral lumen and reducing urinary obstruction.

Lower Urinary Tract Symptoms (LUTS) – A group of clinical symptoms involving the bladder, urinary sphincter, urethra and, in men, the prostate. Lower urinary tract symptoms are subjectively perceived very differently, so documentation can be taken to record the time and intensity of the voiding to help evaluate the cause of the symptoms.

Procedures

A variety of minimally invasive therapies and surgeries are available for treatment of enlarged prostates, including but not limited to:

- Holmium laser:
  - Ablation of the prostate (HoLAP)
  - Enucleation of the prostate (HoLEP)
  - Resection of the prostate (HoLRP)
- Photoselective laser vaporization (PVP)
- Prostatic urethral lift (PUL)
- Radical prostatectomy
- Simple prostatectomy
- Transurethral electrovaporization of the prostate (TUEVP, TUVAP, or TUEVAP)
- Transurethral microwave thermotherapy (TUMT)
- Transurethral resection of the prostate (TURP)
- Transurethral ultrasound-guided laser-induced prostatectomy (TULIP)
- Water-induced thermotherapy (WIT), also called thermourethral hot-water therapy
- Water vapor thermal therapy (e.g., Rezum) when prostate volume is less than 80 grams

1. Surgical and minimally invasive treatment (e.g., HoLAP, HoLEP, HOLRP, PVP, TUEVP, TUVAP, TUMT, TURP, TULIP, WIT) of urinary outlet obstruction due to BPH may be considered medically necessary when ALL of the following criteria are met:
   A. The individual has a diagnosis of lower urinary tract symptoms (LUTS) secondary to BPH that interfere with activities of daily living; AND
   B. The individual has a peak urine flow rate (Qmax) less than 15cc/second on a voided volume that is greater than 125cc; AND
   C. The individual has failed a trial of satisfactory voiding with medication (alpha blocker and/or alpha-reductase inhibitor) or tolerance to medication (alpha blocker and/or 5-alpha-reductase inhibitor).

2. Surgical and minimally invasive treatment (e.g., HoLAP, HoLEP, HOLRP, PVP, TUEVP, TUVAP, TUMT, TURP, TULIP, WIT) of urinary outlet obstruction due to prostate cancer may be considered medically necessary when ANY ONE of the following criteria are met:
   A. The individual with a diagnosis or history of prostate cancer and is not a candidate for surgical resection of the prostate but will be treated by radiation therapy and has symptoms that are so severe that immediate relief is required; OR
   B. The individual with a diagnosis or history of prostate cancer and is clinically in remission as evidenced by a prostate specific antigen (PSA) less than 1.0 ng/mL

3. **Prostatectomy** – A simple or radical prostatectomy may be considered medically necessary for individuals with a diagnosis of localized prostate cancer.

4. **Prostatic Urethral Lift (PUL)** – PUL in individuals 45 years of age or older with moderate-to-severe lower urinary tract obstruction due to BPH may be considered medically necessary when ALL of the following criteria are met:
    A. Persistent or progressive lower urinary tract symptoms despite medical therapy (α1-adrenergic antagonists maximally titrated, 5α-reductase inhibitors, or combination medication therapy maximally titrated) over a trial period of no less than six (6) months or is unstable to tolerate medical therapy; AND
    B. Prostate gland volume is less than or equal to 100 mL; AND
    C. Prostate anatomy demonstrates normal bladder neck without an obstructive or protruding median lobe; AND
    D. Individual does not have urinary retention, urinary tract infection, or recent prostatitis (within the past year); AND
    E. Individual has had appropriate testing to exclude diagnosis of prostate cancer; AND
    F. Individual does not have a known allergy to nickel, titanium, or stainless steel.

    Note: Subtotal prostate cryoablation for the treatment of prostate cancer is considered experimental/investigational and therefore not medically necessary because the safety and/or effectiveness of this service cannot be established by the available published peer-reviewed literature.

5. Conditions considered not medically necessary
    - Subtotal prostate cryoablation for the treatment of prostate cancer is considered experimental/investigational
    - The use of any focal therapy modality (radiofrequency ablation, or photodynamic therapy) including for individuals with localized prostate cancer is considered experimental/investigational
    - The following procedures/treatments for BPH are considered experimental/investigational and therefore not medically necessary because the safety and/or effectiveness of this service cannot be established by the available published peer-reviewed literature:
        - HIFU ablation for the treatment of BPH
        - Placement of temporary prostatic stents for the treatment of BPH
        - Prostatic arterial embolization
        - Focal laser ablation (Visualase)

6. Post-payment Audit Statement
    The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Wholecare℠ at any time pursuant to the terms of your provider agreement.

7. Place of Service
    The proper place of service for the PUL system is on an outpatient basis.

Operational Guidelines *Do not include on external version*

- This medical policy will be applied on a preservice, prepayment basis for both facility and professional providers.
- Claims for services that do not meet the listed medical necessity guidelines, procedure and diagnosis codes are to deny as not medically necessary.
- The following codes are considered experimental/investigational, and therefore noncovered: 37243, 53855, 53899, 55880, C9739, C9740, C9769.

Governing Bodies Approval

On September 13, 2013, the FDA approved the *UroLift*® system, and it was the first PUL to be approved (NeoTract Inc., Pleasanton, CA). The *UroLift*® system includes a delivery system and a preloaded implant that is performed by a urologist in an outpatient setting. The FDA classified the *UroLift*® System, including both the delivery system and implant, as a Class ll device through the de novo regulatory pathway for novel low-risk medical devices on March 7, 2013. The classification applies to men aged 50 years and older. Subsequent clearances of the *UroLift* System have been made based upon substantial equivalence to the original device. In December 2013, the FDA granted 510(k) clearance for a modified version of the NeoTract *UroLift* system, with the prior version serving as the predicate device. In 2016, the FDA determined that the UL500 was substantially equivalent to existing devices (UL400) for the treatment of symptoms of urinary flow obstruction secondary to BPH in individuals aged 50 years and older.

The FDA expanded approval to include new indications for the existing *UroLift*® devices, including the UL400 and the UL500. The expansion indicated the use in men as young as 45 with an obstructive median lobe. The approval was on February 20, 2018.

Summary of Literature

Benign Prostatic Hyperplasia (BPH) affects approximately 8 million men in the United States, including 30% of men older than 50 years of age and nearly 70% of men older than 70 years of age. BPH restricts the urethra and applies pressure on the base of the bladder and is usually diagnosed by specific clinical features, including an enlarged prostate and mild-to-severe lower urinary tract symptoms (LUTS). Typical categories of LUTS manifestations include storage (irritative) symptoms and voiding symptoms. Storage and voiding symptoms may consist of the following: obstruction, incomplete emptying, intermittency, weak stream, hesitancy, frequency, urgency, and nocturia. A patient's quality of life (QOL) declines due to BPH and can result in erectile dysfunction and depression (Hayes, 2019).

The American Urological Association (AUA) recommends that during the initial evaluation of patients presenting with bothersome LUTS possibly attributed to BPH, clinicians should obtain a medical history, conduct a physical examination, utilize the International Prostate Symptom Score (IPSS), and perform a urinalysis. Patients should be counselled on options for intervention, which can include behavioral/lifestyle modifications, medical therapy and/or referral for discussion of procedural options (AUA, 2021).

Various management options are available for BPH, including symptom monitoring, herbal therapies, surgery, minimally invasive therapies, radiation and medication regimens (Cunningham, 2019). The best treatment choice depends on several factors, including the size of prostate, age, overall health, and the

severity of discomfort or pain (Mayo Clinic). The AUA recommends patients should be evaluated by their providers 4-12 weeks after initiating treatment (provided adverse events do not require earlier consultation) to assess response to therapy. Revaluation should include the IPSS. Further evaluation may include a post-void residual (PVR) and uroflowmetry. Patients with bothersome LUTS/BPH who elect initial medical management and do not have symptom improvement and/or experience intolerable side effects should undergo further evaluation and consideration of change in medical management or surgical intervention. (AUA, 2021).

NICE published medical technology guidance on the use of the *UroLift*® system for treating lower urinary tract symptoms of benign prostatic hyperplasia. The guidance stated: "the *UroLift*® system should be considered as an alternative to current surgical procedures for use in a day-case setting in individuals with lower urinary tract symptoms of benign prostatic hyperplasia who are aged 50 years and older and who have a prostate of less than 100 mL without an obstructing middle lobe."

Holmium Laser Treatments

Holmium laser enucleation of the prostate (HoLEP) has become an increasingly common surgical management option for treatment of symptomatic BPH. Transurethral resection of the prostate (TURP) has long been considered the gold standard, contemporary literature and newer guidelines indicate that HoLEP has become the new size-independent endoscopic gold standard for surgical BPH treatment. HoLEP continues to demonstrate durable long-term efficacy for treating patients suffering from LUTS due to BPH. The AUA guidelines recommend its use as a size-independent endoscopic treatment option. HoLEP has proven itself to be the new gold standard for LUTS secondary to BPH with the ability to endoscopically treat prostates independent of size, with durable long-term outcomes.

HoLAP is considered a safe and effective procedure for the treatment of prostates <40 ml. Patients benefit from HoLAP because of a low bleeding rate and short hospital stay. Due to high recurrence rates, HoLAP should be avoided in prostates >40 ml (Barski, Richter, Winter, et al., 2013).

Photoselective Laser Vaporization (PVP)

The introduction of PVP represents an efficacious alternative to TURP. The evolution of the higher-powered devices has reduced operative time and aided the treatment of patients with larger prostates. Additionally, continuing anti-platelet and anticoagulation therapy appears safe in patients undergoing PVP. PVP continues to evolve as a promising technology for BPH and with the right patient selection and optimisation may improve patient outcomes (Pascoe, Ow, Perera, et al., 2017).

Prostatic Urethral Lift (PUL)

PUL alters prostate anatomy without ablating tissue. PUL utilizes transprostatic suture implants delivered by a hand-held device through a cystoscope. The implants are composed of two, T-shaped bars with one on each side of a length of suture. They are spring loaded and deployed with one bar located outside the prostate capsule and the other within the prostatic urethral lumen. The tension between the two bars pulls the lumen of the prostatic urethra towards the capsule, compresses the prostate parenchyma, widens the prostatic urethral lumen, and improves symptoms. If properly placed, the urethral side of the implant epithelializes within 12 months. One of the purported advantages of PUL includes the higher likelihood of preservation of sexual function, demonstrated by the sexual function of men with normal or moderate ED at baseline was unaffected, and those with severe ED reported modest improvement (AUA, 2020).

The Sexual Medicine Society of North America (SMSNA) (2015) issued a letter of communications with medical directors stating that the Society does not consider *UroLift*® to be investigational or experimental but finds that the device is a standard option for treatment of BPH and that it should be recognized as an appropriate tool.

The American Urological Association (AUA) released updated AUA evidence-based guidelines on Surgical Management of Lower Urinary Tract Symptoms Attributed to Benign Prostatic Hyperplasia in 2018. AUA issued the following statement:

- Clinicians should consider PUL as an option for patients with LUTS attributed to BPH provided prostate volume < 80g and verified absence of an obstructive middle lobe; however, patients should be informed that symptom reduction and flow-rate improvement is less significant compared to TURP. *(Moderate Recommendation; Evidence Level: Grade C)*
- PUL may be offered to eligible patients concerned with erectile and ejaculatory function for the treatment of LUTS attributed to BPH. *(Conditional Recommendation; Evidence Level: Grade C)*

NICE published medical technology guidance on the use of the *UroLift*® system for treating lower urinary tract symptoms of benign prostatic hyperplasia. The guidance stated: "the *UroLift*® system should be considered as an alternative to current surgical procedures for use in a day-case setting in individuals with lower urinary tract symptoms of benign prostatic hyperplasia who are aged 50 years and older and who have a prostate of less than 100 mL without an obstructing middle lobe."

Transurethral Electrovaporization of the Prostate (TUEVP, TUVAP, or TUEVAP)
Electrovaporization has become a popular procedure for treating BPH. By using standard transurethral electrosurgical technology, electrovaporization offers standard transurethral loop-like resection and TURP-like efficacy with less morbidity than that associated with TURP. Through a combination of two electrosurgical effects (vaporization and desiccation), electrovaporization ablates significant volumes of prostatic tissue with each passage of the electrode (Cabelin, Te, Kaplan, 2000).

Transurethral Microwave Thermotherapy (TUMT)
TUMT is a minimally invasive treatment that delivers microwave energy to produce coagulation necrosis in prostatic tissue. TUMT uses a special transurethral catheter that transmits heat into the prostate using microwaves' electromagnetic radiation, penetrating water-rich tissue. The energy transferred by the microwave to the tissue in the form of heat-induces coagulation necrosis, reducing prostatic volume. This mechanism may also cause denervation of receptors, decreasing smooth muscle tone of the prostatic urethra (Franco, Garegnani, Escobar Liquitay, Borofsky, Dahm, 2021).

Transurethal Resection of the Prostate (TURP)
TURP is a procedure where the prostate is resected from an endoscopic approach. It was the first major, minimally invasive surgery of the modern era. A TURP can also be used to unroof prostatic abscesses, as well as open the ejaculatory ducts in some cases of obstructive azoospermia. Transurethral resection of the prostate is a procedure used in the management of bladder outlet obstruction caused by prostatic hypertrophy and prostatic abscess management. This procedure should be performed if the patient desires to be off of medical management for bladder outlet obstruction or who fails medical management (Leslie, Chargui, Stormont, 2023).

Transurethral Ultrasound-Guided Laser-Induced Prostatectomy (TULIP)
TULIP was one of the very first laser systems designed for the treatment of BPH. The procedure is performed exclusively under transurethral ultrasound guidance, with which the surgeon has to become

familiar. The majority of patients treated by TULIP will experience substantial improvements in subjective and/or objective symptoms, which do not appear to be as good as those seen after TURP. Advantageous for TULIP (which may be performed under analgosedation) are reduced blood loss, hospitalization, and rate of postoperative sexual dysfunction. Disadvantageous (as compared with TURP) are the delayed onset of success combined with the prolonged catherization time and irritative symptoms in the early postoperative phase. In addition, as no tissue is obtained for histology examination, incidental prostate cancer may be missed (Schulze, 1995).

Water-Induced Thermotherapy (WIT)/Thermourethral Hot-Water Therapy
WIT™ was developed to treat LUTS and to reduce bladder outlet obstruction (BOO) secondary to BPH. The principle is to produce heat-induced coagulative necrosis and secondary ablation of the obstructing hyperplastic tissue. The source of thermal energy is heated water circulated in a proprietary closed-loop system, which includes a specially designed catheter (Muschter, 2003).

Water Vapor Thermal Therapy (WVTT) (e.g., Rezum)
WVTT is a promising treatment option for LUTS attributed to BPH in men with or without an obstructive middle lobe, prostate volume under 80 cc, and who wish to preserve sexual function. WVTT utilizes convective radiofrequency to create stored thermal energy in the form of steam, which is delivered transurethrally into the transition zone of the prostate to ablate tissue, thereby reducing LUTS (Miller, Chughtai, McVary, 2020).

Coding Requirements

Procedure Codes

CPT Code	Description
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)
52450	Transurethral incision of prostate
52601	Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)
52630	Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)
52640	Transurethral resection; of postoperative bladder neck contracture
52647	Laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included if performed)
52648	Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)

52649	Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)
53850	Transurethral destruction of prostate tissue; by microwave thermotherapy
53852	Transurethral destruction of prostate tissue; by radiofrequency thermotherapy
53854	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy
55801	Prostatectomy, perineal, subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy)
55810	Prostatectomy, perineal radical
55812	Prostatectomy, perineal radical; with lymph node biopsy(s) (limited pelvic lymphadenectomy)
55815	Prostatectomy, perineal radical; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes
55821	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); suprapubic, subtotal, 1 or 2 stages
55831	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); retropubic, subtotal
55840	Prostatectomy, retropubic radical, with or without nerve sparing
55842	Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)
55845	Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed
55873	Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)
55899	Unlisted procedure, male genital system

Diagnosis Codes

For Procedure codes **52441, 52442, 52450, 52601, 52630, 52640, 52647, 52648, 52649, 53850, 53852, 53854, 55801, 55810, 55812, 55815, 55821, 55831, 55840, 55842, 55845**, & **55866:**

ICD-10 Code	Description
D29.1	Benign neoplasm of prostate
D40.0	Neoplasm of uncertain behavior of prostate
D49.59	Neoplasm of unspecified behavior of other genitourinary organ
N32.0	Bladder-neck obstruction
N32.89	Other specified disorders of bladder
N32.9	Bladder disorder, unspecified
N39.41	Urge incontinence
N39.42	Incontinence without sensory awareness

N39.43	Post-void dribbling
N39.44	Nocturnal enuresis
N39.45	Continuous leakage
N39.46	Mixed incontinence
N40.0	Benign prostatic hyperplasia without lower urinary tract symptoms
N40.1	Benign prostatic hyperplasia with lower urinary tract symptoms, enlarged prostate with lower urinary tract symptoms
N40.2	Nodular prostate without lower urinary tract symptoms
N40.3	Nodular prostate with lower urinary tract symptoms
N41.0	Inflammatory diseases of prostate; acute prostatitis
N41.1	Inflammatory diseases of prostate; chronic prostatitis
N41.2	Inflammatory diseases of prostate; abscess of prostate
N41.3	Inflammatory diseases of prostate; prostatocystitis
N41.4	Inflammatory diseases of prostate; granulomatous prostatitis
N41.8	Inflammatory diseases of prostate; other inflammatory diseases of prostate
N41.9	Inflammatory diseases of prostate; inflammatory disease of prostate, unspecified
N42.83	Cyst of prostate
N42.89	Other specified disorders of prostate
N32.9	Bladder disorder, unspecified

For Procedure codes **52441, 52442, 52601, 52630, 52640, 52647, 52648, 52649, 53850, 53852, 55866,** & **55873:**

ICD-10 Code	**Description**
C61	Malignant neoplasm of prostate
C79.82	Secondary malignant neoplasm of genital organs
D07.5	Carcinoma in situ of prostate
Z85.46	Personal history of malignant neoplasm of prostate

For Procedure codes **55810, 55812, 55815, 55840, 55842, 55845** & **55866:**

ICD-10 Code	**Description**
C61	Malignant neoplasm of prostate
C79.82	Secondary malignant neoplasm of genital organs
D07.5	Carcinoma in situ of prostate
D40.0	Neoplasm of uncertain behavior of prostate

Noncovered Procedure Codes

The following procedures/treatments for BPH, including but not limited to the following procedures, are considered experimental/investigational and therefore non-covered because the safety and/or effectiveness of this service cannot be established by the available published peer-reviewed literature:

CPT/HCPCS Code	Description
37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction
53855	Insertion of a temporary prostatic urethral stent, including urethral measurement
53899	Unlisted procedure, urinary system
55880	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance
C9739	Cystourethroscopy, with insertion of transprostatic implant; one to three implants
C9740	Cystourethroscopy, with insertion of transprostatic implant; four or more implants
C9769	Cystourethroscopy, with insertion of temporary prostatic implant/stent with fixation/anchor and incisional struts

Reimbursement

Participating facilities will be reimbursed per their Highmark Wholecare℠ contract.

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