**MAC00064-01 Rev. J-** **Sample Letter of Medical Necessity for Prior Authorization of UroLift System Treatment in the Physician Office Setting**

**RE: Request for Authorization of Benefits for Prostatic Urethral Lift to Treat BPH**

[Insert Patient Name] [Insert ID#]

[Insert DOB] [Insert anticipated DOS]

Dear [Name of Medical Director or Insurance Carrier]:

[Patient name] is under my care for chronic symptoms due to benign prostatic hyperplasia (BPH), and I am requesting authorization for this patient to receive prostatic urethral lift (PUL) using the UroLift® System. Due to the nature of his symptoms, delaying treatment of this condition could eventually result in deterioration of bladder function, urinary retention, recurring urinary tract infection and ultimately deterioration in kidney function as well as significant deterioration in quality of life.

This patient will be treated under local anesthesia in my office-based cystoscopy suite. The procedure will be reported with Category I CPT codes 52441 and 52442. CPT code 52441 describes the primary procedure and first implant, while the add-on code 52442 describes each additional implant. \*Verify the accuracy of the CPT and HCPCS codes you intend to report and change as appropriate. Include additional CPT or HCPCS codes as appropriate to report other services\*

For medically appropriate patients, like Mr. [insert patient last name], PUL provides unique and necessary benefits that are both rapid acting and durable. PUL is medically necessary for this patient due to his urinary symptoms caused by BPH. [Describe medical necessity, including specific symptoms, length of symptoms, size of prostate, previous treatments tried and why they were discontinued, and the results of any other tests or assessments demonstrating medical necessity.] [Describe why UroLift is appropriate for this patient, such as:

* On anticoagulants, therefore more invasive surgeries carry a risk of bleeding
* Need for a less invasive procedure or less anesthesia
* Concerned with preserving sexual function
* Fear of risks of permanent side effects such as incontinence, bladder neck contracture, retrograde ejaculation, etc.
* Less chance of post-op catheterization]

Failed medication therapy and his significant symptoms have caused him to seek additional intervention. After discussing his treatment options, we decided the PUL is the best option because this minimally invasive treatment has been shown to be associated with rapid relief new, sustained erectile or ejaculatory dysfunction, and can avoid other serious complications associated with TURP, laser or thermal therapy procedures. It is, therefore, my professional medical opinion that PUL would be the best treatment option at this time.

The UroLift® transprostatic implant system has been cleared for use by the FDA since 2013. The UroLift® System is currently indicated for the treatment of symptoms due to urinary outflow obstruction secondary to benign prostatic hyperplasia (BPH), including lateral and median lobe hyperplasia, in men 45 years of age or older. The PUL procedure consists of permanent transprostatic implants placed cystoscopically to retract the obstructing prostatic lobes and hold open the urethra without requiring incision, resection, or thermal ablation of the prostate. PUL can be done under local anesthesia in any site of service, including the office. After applying appropriate anesthesia, cystoscopy is conducted to plan ideal placement of the implants. The cystoscopy bridge is then replaced with the UroLift delivery device housing a telescope and, after compressing the prostate lobe at the appropriate location, the implant is deployed. The urethra is again cystoscopically examined to assess the effect and determine the required number of implants. This process continues until a continuous channel is achieved through the prostatic urethra. Typically four to six implants are required. A final cystoscopic view can confirm the effect and that all implants are appropriately positioned.

The UroLift PUL procedure has been well-studied in high quality trails and is the subject of over 25 peer-reviewed publications, describing two separate RCTs, three meta-analyses, and multiple open label studies. All of the studies show consistent, reliable, and durable improvements in urinary symptoms and quality of life, preservation of sexual function, and reduced recovery time and morbidity compared to alternative treatment options. PUL also does not require an overnight stay, shows return to preoperative activity in under a week, and reduces post-operative catheterization rates compared to alternative interventions, all while avoiding complications associated with other BPH treatments and. The transient adverse events associated with PUL, including mild to moderate hematuria, dysuria, micturition urgency, pelvic pain and urge incontinence typically resolve on their own within two to four weeks

The American Urological Association develops scientifically rigorous, peer-reviewed guidelines. The 2018 update to their Guidelines on the Surgical Management of Lower Urinary Tract Symptoms Attributed to Benign Prostatic Hyperplasia positions the UroLift PUL procedure as part of the standard of care alongside TURP, laser, and other established procedures.

Based on available clinical information, evidenced-based expert medical opinion, and this patient’s medical diagnosis, I respectfully request that you approve PUL for this patient.

If you require any additional information, please feel free to call me at [phone number].

Sincerely,

[Physician’s name and identification number]

Enclosures:

Pertinent Medical Records

UroLift Clinical Bibliography

AUA Guidelines