

Practice Instructions to Create a Payer-Specific Medical Necessity Checklist

Prostatic Urethral Lift Medical Necessity Checklist

Payer Name _____

Patient Name: _____

Date: _____

MRN: _____ Physician: _____

Visit the payer's website or the UroLift® System Payer Policy Portal at <https://urolift.policyacumen.health/> to pull the current medical policy. Record the payer name and the date the checklist was created.

Criteria	Requirement	Patient's Result
<input type="checkbox"/> Prostate size measured	80ml or less	_____ ml or g How measured:
<input type="checkbox"/> Failure of medical therapy	Persistent or progressive symptoms after 6 month trial of medical therapy OR Unable to tolerate medical therapy	Include medical therapy tried, duration, and reason(s) for failure:
<div> <p>In the Criteria column, list each medical necessity criteria outlined by the payer, such as prostate size or history of medical therapy. This column will be permanent in your checklist.</p> <p>In the Requirement column, list the specific measurements or characteristics the payer requires to meet medical necessity, such as a prostate volume of 80 cc or less. This column will be permanent in your checklist.</p> <p>In the Patient's Result column, list the patient's specific measurements or history, such as their prostate size and how it was measured. This column will be customized and completed for each patient.</p> </div>		

Example Only – This is an example of a best practice for tracking medical necessity criteria for applicable payers and is not meant to guide or suggest the use of certain diagnostic tests or treatments. Providers should develop their own checklist(s) based on their own BPH care pathway and local payer policies.

All criteria should be documented in the medical record and provided to the payer when appropriate. Reference the complete medical policies available on the payer website or at <https://urolift.policyacumen.health/> for current requirements.

**A payer's medical necessity criteria may not match the current FDA indication for the UroLift® System: The UroLift System is 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. See the Instructions for Use at www.urolift.com for more details.*

NeoTract, Inc. has compiled this coding information from third party sources and it is subject to change without notice. This information is presented for illustrative purposes only and does not constitute medical, legal or reimbursement advice. It is always the provider's responsibility to determine medical necessity and appropriate site of service, and submit appropriate codes, modifiers and charges for services rendered. Please contact your local payer/carrier and/or legal counsel for interpretation of coding and coverage.

NeoTract, Inc. encourages providers to submit claims for services consistent with FDA clearance and approved labeling. This document does not represent any statement, promise or guarantee by NeoTract, Inc. concerning levels of reimbursement.