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March 2015

Dear Medical Director,

The Society of Urodynamics, Female Pelvic Medicine and Urogenital Reconstruction (SUFU) is the leading professional society dedicated to improving the art and science of Urology through basic and applied clinical research in urodynamics and neurourology, voiding function and dysfunction, female urology and pelvic floor dysfunction.

Among the patients for whom our members care are men with benign prostatic hyperplasia (BPH), which is the most common cause of lower urinary tract symptoms and voiding dysfunction in aging men. Pharmacologic therapy for BPH is effective in many patients, but a significant number of men require surgical disobstruction of the prostate to allow for continued bladder health. Surgical therapy to resect/ablate the prostate is highly effective but also can lead to significant morbidity, a lengthy recovery and risk of long-term complications such as permanent incontinence, erectile dysfunction and complete loss of ejaculatory function. In recent years a new minimally invasive technique, the prostatic urethral lift, has emerged that fills a necessary need for selected patients.

Now on the US market for over a year, the prostatic urethral lift procedure has been widely studied, and peer reviewed publications demonstrate that the procedure relieves prostatic obstruction and improves urinary flow. This leads to rapid and significant improvement in symptoms and quality of life. Importantly, it also preserves erectile function, a necessity for many men. There has been no incidence of permanent iatrogenic incontinence in several hundred patient years of data. Recent publications show that the procedure is durable, with two year results superior to other minimally invasive techniques currently covered by most insurance carriers.

The prostate urethral lift procedure was approved by the FDA in September 2013, and is currently manufactured by NeoTract Inc, as the UroLift System. The procedure is described by CPT codes (52441 and 52442) issued as of January 2015. Indications are for men of at least 50 years with prostates under 80 cc with no obstructive median lobe. While most men are well served with medication, many men still require surgical intervention due to lack of an adequate response to pharmacologic management. Of those men requiring intervention, a selected group will benefit from the prostatic urethral lift procedure as a less invasive option that can preserve their bladder health while not risking sexual dysfunction or incontinence.

SUFU finds the prostatic urethral lift procedure to be a well-studied, medically necessary option for our patients suffering from BPH. It has been approved by the FDA and we do not consider it to be 'investigational'. We urge you to cover this benefit for your beneficiaries.

Sincerely,



Eric S. Rovner  
SUFU President