**MAC00064-01 Rev. K-** **Sample Letter of Medical Necessity for Prior Authorization of UroLift System Treatment**

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

Patient name: Insurance ID:

DOB: Anticipated DOS:

Procedure codes and units: Diagnosis code(s):

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 undergo the prostatic urethral lift (PUL) procedure 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 with the UroLift System in [site of service]. The procedure will be reported with Category I CPT codes 52441 and 52442. \*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 for the facility, if relevant (i.e., C9739 or C9740)\*

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.]

Failed medical 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. The UroLift System 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 American Urological Association (AUA) develops scientifically rigorous, peer-reviewed guidelines in their mission to promote the highest standards of urological clinical care. The 2018 update to their Guidelines on the Surgical Management of Lower Urinary Tract Symptoms Attributed to Benign Prostate Hyperplasia positions the PUL procedure as part of the standard of care alongside TURP, laser, and other established procedures.

The PUL procedure using the UroLift System has been well-studied in high quality trials and is the subject of over 25 peer-reviewed publications, describing two separate RCTs, three meta-analyses, and multiple open label studies. All studies show consistent, reliable, and durable improvements in urinary symptoms and quality of life, no new, sustained dysfunction function, and reduced recovery time and morbidity compared to alternative treatment options. Patients who undergo the PUL procedure also do not require an overnight stay, typically return to preoperative activity in under a week, and have reduced post-operative catheterization rates compared to alternative interventions, all while avoiding potential complications associated with other BPH treatments. 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

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

Link to AUA Guideline: [https://www.auanet.org/guidelines/benign-prostatic-hyperplasia/lower-urinary-tract-symptoms-(2018)](https://www.auanet.org/guidelines/benign-prostatic-hyperplasia/lower-urinary-tract-symptoms-%282018%29)