[Date]

Re: Patient’s name

 Patient’s ID Number

 Date of service

 Claim number

Dear Medical Director,

I am writing on behalf of the above referenced patient to provide medical justification for the use of more than 7 implants for the UroLift® prostatic urethral lift (PUL) procedure. The goal of PUL is to create a continuous channel from the veru montanum to the bladder neck and in this case, [X] implants were required to achieve that desired outcome. The limit of 7 implants (1 unit of CPT code 52441 and 6 units of CPT code 52442) was set by CMS as a medically unlikely edit (MUE), meaning it is meant to describe the maximum number of units used in most circumstances, but not all. For this patient, exceeding the MUE was medically necessary.

It was my clinical assessment that this particular patient required [X] implants to relieve obstruction from his encroaching lateral lobes. Under direct visualization I observed persistent occlusion of the prostatic fossa after 7 properly placed implants necessitating additional implants to create an open channel through the anterior prostatic urethra. After the final implant was installed, a continuous channel was observed, as is the intent of the procedure.

[If any of implants were attempted but not successfully implanted due to patient anatomy, please describe how many were discarded, what occurred, and what was subsequently done to correct the procedural difficulty (e.g., more or less compression, moving further from the bladder neck, etc.)]

This procedure was also medically necessary for this patient. Please see the attached medical record and operative report for more detail.

There are several anatomical and clinical variables which affect intraoperative decision making, including the placement of transprostatic PUL implants. In my medical opinion, I believe my informed clinical decision produced the best possible outcome for this patient.

I am respectfully requesting that you reprocess this claim at your earliest convenience for payment of all units of CPT code 52442 or contact me at [phone number] if additional information is required.

Sincerely,

[Physician name]

Enclosures:

Chart notes

Operative report

Original EOB