

**Benign Prostatic Hyperplasia Treatments**

Date of origin: Dec 2025

Review dates: None yet recorded

APPLIES TO

- Commercial
- Medicare follows CMS unless otherwise specified
- Medicaid follows MDHHS unless otherwise specified

MEDICAL POLICY[Benign Prostatic Hyperplasia Treatments # 91642](#)**FOR MEDICARE**

For indications that don't meet criteria of NCD, local LCD or specific medical policy a Pre-Service Organization Determination (PSOD) will need to be completed. Get more information on PSOD [in our Provider Manual](#).

Prostatic Artery Embolization for BPH	1
Transurethral Waterjet Ablation of the Prostate	2
Prostatic Urethral Lift.....	3

Prostatic Artery Embolization for BPH

DEFINITION

Prostatic artery embolization (PAE) is a minimally invasive treatment that helps improve lower urinary tract symptoms caused by benign prostatic hyperplasia (BPH). BPH is a noncancerous enlargement of the prostate gland and is the most common benign tumor found in men. The PAE procedure is performed by an interventional radiologist (IR), a doctor who uses X-rays and other advanced imaging to see inside the body and treat conditions without surgery.

POLICY SPECIFIC INFORMATION**Place of service**

Coverage will be considered for services furnished in the appropriate setting to the patient's medical needs and condition. Authorization may be required. Click [here](#) for additional information.

Documentation requirements

Complete and thorough documentation to substantiate the procedure performed is the responsibility of the Provider. In addition, the Provider should consult any specific documentation requirements that are necessary of any applicable defined guidelines.

Coding specifics

37243 - Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction

72191 - Computed tomographic angiography, pelvis, with contrast material(s), including non-contrast images, if performed, and image postprocessing

- If chemotherapy or radioisotopes are used with the embolization procedure, additional codes such as 79445 or 96420 may be reported.
- Do not report 37243 with 75894 or 75898 in the same surgical field
- If chemotherapy or radioisotopes are used with the embolization procedure, additional codes such as 79445 or 96420 may be reported.
- Only one embolization code should be reported for each surgical field, including the entire area directly involved in and immediately surrounding the procedure.
- The code representing the immediate cause for the embolization should be used.
- Diagnostic angiography and catheter placement may be reported separately.
- Do not report 72191 with 73706, 74175 or 75635
- Procedure 72191 has both a technical and professional component.

Modifiers

Priority Health follows standard billing and coding guidelines which include CMS NCCI. Modifiers should be applied when applicable based on this guidance and only when supported by documentation.

Incorrect application of modifiers will result in denials. The modifier list below may not be an all-inclusive list. Please see our provider manual page for modifier use [here](#).

- Modifier 59 - Distinct Procedural Service
- Modifier 26 - Professional Component
- Modifier TC - Technical Component

Transurethral Waterjet Ablation of the Prostate

Definition

Transurethral waterjet ablation, also known as Aquablation, is a minimally invasive procedure for treating benign prostatic (BPH) using a high-powered waterjet to remove prostate tissue without heat, preserving surrounding structures and minimizing complications.

Documentation requirements

- Maintain all documentation in the patient's medical record and provide it upon request.
- Each page must be legible, include patient identifiers (e.g., name, service dates), and the signed name of the responsible physician or practitioner.
- The medical record must support the selected ICD-10-CM code(s), and CPT/HCPSC codes must accurately reflect the service performed.

POLICY SPECIFIC INFORMATION

Coding specifics

C2596 - Probe, image guided, robotic, waterjet ablation

52597 - Transurethral robotic-assisted waterjet resection of prostate, including intraoperative planning, ultrasound guidance, control of postoperative bleeding, complete, including vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy, when performed

Prostatic Urethral Lift

DEFINITION

A prostatic urethral lift (PUL), often known by the brand name UroLift, is a minimally invasive treatment for benign prostatic hyperplasia (BPH) that uses small implants to hold back enlarged prostate tissue, opening the urethra without cutting or heating tissue, thus preserving sexual function while quickly relieving urinary symptoms like urgency and weak flow. Performed as an outpatient procedure, often with local anesthesia, it involves placing surgical steel implants that act like sutures, pulling the prostate lobes away from the urethra, with common side effects like temporary blood in urine or mild discomfort resolving within weeks

FOR MEDICARE

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POLICY SPECIFIC INFORMATION

Per Priority Health Medical policy # 91642, coverage is limited to a maximum of 7 implants.

Place of service

Coverage will be considered for services furnished in the appropriate setting to the patient's medical needs and condition. Authorization may be required. Click [here](#) for additional information.

Documentation requirements

Complete and thorough documentation to substantiate the procedure performed is the responsibility of the Provider. In addition, the Provider should consult any specific documentation requirements that are necessary of any applicable defined guidelines.

Coding specifics

52441 - Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant

52442 - Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)

Modifiers

- 59 - Distinct Procedural Service

Resources

[Prostatic Artery Embolization | Johns Hopkins Medicine](#)

[LCD - Transurethral Waterjet Ablation of the Prostate \(L38549\)](#)

[Transurethral-H2O-Vapor-Thermal-Therapy-Benign-Prostatic-Hypertrophy.pdf](#)

[Microsoft Word - 2024 Transurethral Water Jet Ablation \(Aquilablation\) for Benign Prostatic Hypertrophy](#)

[Benign Prostatic Hyperplasia - Medical Clinical Policy Bulletins | Aetna mp421.pdf](#)

<https://www.bcbsm.com/amslibs/content/dam/public/mpr/mprsearch/pdf/2161123.pdf>

[Embolization: Selected Procedures - Medical Clinical Policy Bulletins | Aetna](#)

Molina health care [Attachment\[9\].MCP 250 Prostatic Urethral Lift or UroLift for BPH remediated](#)

Blue Cross Blue Sheild Mass [744 Prostatic Urethral Lift](#)

United Healthcare [Prostate Surgeries and Interventions – Commercial and Individual Exchange Medical Policy](#)

DISCLAIMER

Priority Health's billing policies outline our guidelines to assist providers in accurate claim submissions and define reimbursement or coding requirements if the service is covered by a Priority Health member's benefit plan. The determination of visits, procedures, DME, supplies and other services or items for coverage under a member's benefit plan or authorization isn't being determined for reimbursement. Authorization requirements and medical necessity requirements appropriate to procedure, diagnosis and frequency are still required. We use Current Procedural Terminology (CPT), Centers for Medicare and Medicaid Services (CMS), Michigan Department of Health and Human Services (MDHHS) and other defined medical coding guidelines for coding accuracy.

An authorization isn't a guarantee of payment when proper billing and coding requirements or adherence to our policies aren't followed. Proper billing and submission guidelines must be followed. We require industry standard, compliant codes defined by CPT, HCPCS and revenue codes for all claim submissions. CPT, HCPCS, revenue codes, etc., can be reported only when the service has been performed and fully documented in the medical record to the highest level of specificity. Failure to document for services rendered or items supplied will result in a denial. To validate billing and coding accuracy, payment integrity pre- or post-claim reviews may be performed to prevent fraud, waste and abuse. Unless otherwise detailed in the policy, our billing policies apply to both participating and non-participating providers and facilities.

If guidelines detailed in government program regulations, defined in policies and contractual requirements aren't followed, Priority Health may:

- Reject or deny the claim
- Recover or recoup claim payment

An authorization on file for an item or services doesn't supersede coding, billing or reimbursement requirements.

These policies may be superseded by mandates defined in provider contracts or state, federal or CMS contracts or requirements. We make every effort to update our policies in a timely manner to align to these requirements or contracts. If there's a delay in implementation of a policy or requirement defined by state or federal law, as well as contract language, we reserve the right to recoup and/or recover claim payments to the effective dates per our policy. We reserve the right to update policies when necessary. Our most current policy will be made available [in our Provider Manual](#).

CHANGE / REVIEW HISTORY

Date	Revisions made
Dec 2025	New policy