



Prostatic Urethral Lift Coverage Summary Checklist

Patient Name:

Date:

MRN:

Physician:

Health Plan Name:

Covered Codes

Prior Authorization Requirements

Coverage Criteria	Enter Patient Result for Each Criteria	Page #

All medical necessity criteria should be documented in the medical record. Reference complete medical policies available on the health plan website or at <https://urolift.policyacumen.health/>.

*A health plan's medical necessity criteria may not match the current FDA indication for the UroLift® System. See more information on FDA indications at www.urolift.com.

Disclaimer:

The information contained in this document was obtained from third-party sources and publicly available information. This content is informational only and is subject to change without notice. Nothing herein constitutes either medical, legal, coverage, coding, payment, or reimbursement advice or any statement, promise or guarantee of payment. NeoTract, Inc. makes no representations or warranties that this information is accurate, complete, and/or all-inclusive. The health care provider/user is solely responsible for determining appropriate treatment for the patient based on the unique medical needs of each patient and the independent judgment of the provider. It is also the responsibility of the provider to determine payer appropriate coding, medical necessity, site of service, documentation requirements and payment levels and to submit appropriate codes, modifiers and charges for services rendered. Although NeoTract, Inc. (through its engagement with data service providers and others) has made reasonable efforts to provide information that is accurate, complete, and current at the time of its issue, it is recommended that you consult your legal counsel, reimbursement/compliance advisor and/or payer organization(s) for confirmation of information and/or interpretation of payer-specific coding, coverage and payment expectations.

NeoTract, Inc. encourages providers to submit claims for services that are appropriately and accurately consistent with FDA clearance and approved labeling and does not promote the use of its products outside their FDA-cleared labeling.

CPT® codes and descriptions are copyright 2020 American Medical Association (AMA). All rights reserved. CPT® is a registered trademark of the American Medical Association.