PROVIDER POLICIES & PROCEDURES

USE OF A TEMPORARILY IMPLANTED NITINOL DEVICE

The primary purpose of this document is to assist providers enrolled in the Connecticut Medical Assistance Program (CMAP Providers) with the information needed to support a medical necessity determination for the use of a temporarily implanted nitinol device. By clarifying the information needed for prior authorization of services, HUSKY Health hopes to facilitate timely review of requests so that individuals obtain the medically necessary care they need as quickly as possible.

Benign prostatic hyperplasia (BPH) is a common condition in older individuals that can lead to lower urinary tract symptoms (LUTS) including urinary retention, frequency, urgency, and hesitancy. A temporarily implanted nitinol device (e.g., iTind) has been proposed as a minimally invasive alternative to traditional and standard methods of treatment for symptomatic BPH (i.e., prostatic urethral lift, transurethral resection of prostate, prostatectomy). The device is temporarily implanted into the obstructed prostatic urethra to facilitate tissue reshaping and improve urine outflow. The implant is typically removed after 5 to 7 days of treatment.

CLINICAL GUIDELINE

Coverage guidelines for the use of a temporarily implanted nitinol device will be made in accordance with the DSS definition of Medical Necessity. The following criteria are guidelines *only*. Coverage determinations are based on an assessment of the individual and his or her unique clinical needs. If the guidelines conflict with the definition of Medical Necessity, the definition of Medical Necessity shall prevail. The guidelines are as follows:

The use of a temporarily implanted nitinol device for the treatment of LUTS secondary to BPH, may be considered medically necessary when:

A. The individual's prostate volume is between 25 grams and 80 grams; and
B. There is a lack of obstruction in the median lobe.

NOTE: EPSDT Special Provision
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is a federal Medicaid requirement that requires the Connecticut Medical Assistance Program (CMAP) to cover services, products, or procedures for Medicaid enrollees under 21 years of age where the service or good is medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition identified through a screening examination. The applicable definition of medical necessity is set forth in Conn. Gen. Stat. Section 17b-259b (2011) [ref. CMAP Provider Bulletin PB 2011-36].

PROCEDURE

Requests for coverage of the use of a temporarily implanted nitinol device will be reviewed in accordance with procedures in place for reviewing requests for surgical procedures. Coverage determinations will be based upon a review of requested and/or submitted case-specific information.

The following information is needed to review a request for the use of a temporarily implanted nitinol device**:**

1. Fully completed authorization request via on-line web portal or fully completed *Outpatient Prior Authorization Request Form*;
2. Clinical documentation from the requesting provider supporting medical necessity as outlined in the *Clinical Guideline* section of this policy; and
3. Other information as requested.

EFFECTIVE DATE

This Clinical Guideline is effective for prior authorization requests for the use of a temporarily implanted nitinol device for individuals covered under the HUSKY A, B, C, and D programs on or after February 01, 2026.

LIMITATIONS

N/A

CODES:

Code	Description
53865	Cystourethroscopy with insertion of temporary device for ischemic remodeling (i.e., pressure necrosis) of bladder neck and prostate
53866	Catheterization with removal of temporary device for ischemic remodeling (i.e., pressure necrosis) of bladder neck and prostate

DEFINITIONS

1. **HUSKY A**: Connecticut children and their parents or a relative caregiver; and pregnant women may qualify for HUSKY A (also known as Medicaid). Income limits apply.
2. **HUSKY B**: Uninsured children under the age of 19 in higher income households may be eligible for HUSKY B (also known as the Children's Health Insurance Program) depending on their family income level. Family cost-sharing may apply.
3. **HUSKY C**: Connecticut residents who are age 65 or older or residents who are ages 18-64 and who are blind, or have another disability, may qualify for Medicaid coverage under HUSKY C (this includes Medicaid for Employees with Disabilities (MED-Connect), if working). Income and asset limits apply.
4. **HUSKY D**: Connecticut residents who are ages 19-64 without dependent children and who: (1) do not qualify for HUSKY A; (2) do not receive Medicare; and (3) are not pregnant, may qualify for HUSKY D (also known as Medicaid for the Lowest-Income populations).
5. **HUSKY Health Program**: The HUSKY A, HUSKY B, HUSKY C, HUSKY D and HUSKY Limited Benefit programs, collectively.
6. **HUSKY Limited Benefit Program or HUSKY, LBP**: Connecticut's implementation of limited health insurance coverage under Medicaid for individuals with tuberculosis or for family planning purposes and such coverage is substantially less than the full Medicaid coverage.
7. **Medically Necessary or Medical Necessity**: (as defined in Connecticut General Statutes § 17b-259b) Those health services required to prevent, identify, diagnose, treat, rehabilitate or ameliorate an individual's medical condition, including mental illness, or its effects, in order to attain or maintain the individual's achievable health and independent functioning provided such services are: (1) Consistent with generally-accepted standards of medical practice that are defined as standards that are based on (A) credible scientific evidence published in peer-reviewed medical literature that is

generally recognized by the relevant medical community, (B) recommendations of a physician-specialty society, (C) the views of physicians practicing in relevant clinical areas, and (D) any other relevant factors; (2) clinically appropriate in terms of type, frequency, timing, site, extent and duration and considered effective for the individual's illness, injury or disease; (3) not primarily for the convenience of the individual, the individual's health care provider or other health care providers; (4) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the individual's illness, injury or disease; and (5) based on an assessment of the individual and his or her medical condition. prescription.

8. **Prior authorization**: A process for approving covered services prior to the delivery of the service or initiation of the plan of care based on a determination by CHNCT as to whether the requested service is medically necessary.

ADDITIONAL RESOURCES AND REFERENCES:

- Amparore D, De Cillis S, Schulman C, Kadner G, Fiori C, Porpiglia F. Temporary implantable nitinol device for benign prostatic hyperplasia-related lower urinary tract symptoms: over 48-month results. *Minerva Urol Nephrol*. 2023;75(6):743-751. doi:10.23736/S2724-6051.23.05322-3
- Elterman D, Aubé-Peterkin M, Evans H, et al. UPDATE – Canadian Urological Association guideline: Male lower urinary tract symptoms/benign prostatic hyperplasia. Can Urol Assoc J 2022;16(8):245-56. http://dx.doi.org/10.5489/cuaj.7906
- McVary KT. Surgical treatment of benign prostatic hyperplasia (BPH). In: *UpToDate*, O'Leary MP, Chen W (Eds.). Wolters Kluwer. Updated June 26, 2024. Accessed on October 1, 2025.
- Porpiglia F, Fiori C, Bertolo R, et al. 3-Year follow-up of temporary implantable nitinol device implantation for the treatment of benign prostatic obstruction. BJU Int. 2018;122(1):106-112. doi:10.1111/bju.14141
- National Health Institute for Health and Care Excellence (NICE). Prostatic urethral temporary implant insertion for lower urinary tract symptoms caused by benign prostatic hyperplasia. Interventional procedures guidance. 21 September 2022. Available at: https://www.nice.org.uk/guidance/ipg737
- Sandhu JS, Bixler BR, Dahm P, et al. Management of Lower Urinary Tract Symptoms Attributed to Benign Prostatic Hyperplasia (BPH): AUA Guideline Amendment 2023. *J Urol*. 2024;211(1):11-19. doi:10.1097/JU.0000000000003698

PUBLICATION HISTORY

Status	Date	Action Taken
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