# Medical Policy

Blue Cross Blue Shield Blue Care Network of Michigan

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**Category: Surgery**

## Title: Cystourethroscopy with Subureteric Injection of Implant Material

## Procedure Code(s): 52327

## Description / Background

A cystourethroscopy with subureteric injection of implant material is a surgery done to correct ureterovesical reflux.

The patient is placed in the dorsal lithotomy position and a routine cystoscopy is done. The ureteral orifices are identified. A bulking agent (Teflon or GAX collagen) is then injected into the subureteric bladder at the six o'clock position until bulging nearly obliterates the orifice. The additional subureteric bulk results in adequate coaptation (Joining or fitting together of two surfaces) of the ureteral orifice with bladder filling or contraction. Ureteral reflux is prevented.

## CPT / HCPCS Level II Codes and Description

52327 Cystouresthroscopy, including ureteral catheterization); with subureteric injection of implant material

## Diagnoses / Medical Conditions

Vesicoureteral reflux with or without reflux nephropathy, or unspecified

## Medical Policy Statement

Cystourethroscopy with subureteric injection of implant material is considered medically necessary for the prevention of ureterovesical reflux.



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## Rationale

Subureteric insertion of implant material for ureterovesical reflux has been proven to be safe and effective. It has advantages over conventional surgery (ureteroneocystostomy) in that it can be done as an outpatient, affording considerable cost savings. There is also less morbidity with this procedure. Studies have shown that, overall, there is a 74% cure rate for reflux after a period of seven years.

## Medical Policy Position Summary (Non-clinical summary statement for customer use)

Cystourethroscopy with subureteric injection of implant material is considered medically necessary for the prevention of ureterovesical reflux.

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## Inclusionary and Exclusionary Guidelines (Clinically based guidelines that may support individual consideration and pre-authorization decisions)

N/A

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## Related Policies

N/A

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## Medicare Information

HCFA has a national policy (1995) for this procedure and limits it to patients with stress incontinence due to intrinsic sphincter deficiency (ISD). Medicaid does not have a policy regarding this procedure and will review requests for this surgery on an individual consideration (IC) basis.

*(The above Medicare information is current as of the review date for this policy. However, the coverage issues and policies maintained by the Centers for Medicare & Medicare Services [CMS, formerly HCFA] are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. For the most current information, the reader should contact an official Medicare source.)*

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## References


- Frey, P. et al, “Subureteral Collagen Injection for the Endoscopic Treatment of Vesicoureteral Reflux in Children: Follow-up Study of 87 Treated Ureters and Histological Analysis of Collagen Implants”, Journal of Urology, August 1992, Vol. 148: 718-723.




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- Herz, Daniel et all, “Efficacy of Endoscopic Subureteral Polydimethylsiloxane Injection for Treatment of Vesicoureteral Reflux in Children: A North American Clinical Report” Journal of Urology, November 2001, Vol. 166, 1880-1886.
- Kershen, Richard T. et al, “New Advances I Injectable Therapies for the Treatment of Incontinence and vesicoureteral Reflux”, Urologic Clinics of North America, February 1999, Volume 26, 1:81-94.




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## Joint BCBSM/BCN Medical Policy History

| Date | Rationale |
|---|---|
| 3/27/02 | Joint policy established |
| 11/18/03 | Policy retired |

Next Review: This is an established policy and no longer subject to periodic review

## Pre-Consolidation Medical Policy History

| Original Policy Date | | Comments |
|---|---|---|
| BCN | N/A | Revised: N/A |
| BCBSM | N/A | Revised: N/A |



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