

## CHAMPVA POLICY MANUAL

**CHAPTER:** 2  
**SECTION:** 33.1  
**TITLE:** URINARY SYSTEM

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**AUTHORITY:** 38 CFR 17.270(a) and 17.272(a)

**RELATED AUTHORITY:** 32 CFR 199.4(c)(2) and (c)(3)

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### I. EFFECTIVE DATE

August 26, 1985

### II. PROCEDURE CODE(S)

50010-52500, 52601-53850, 53853-53899, 64561, 64581, 64585, 64590, and 64595

### III. DESCRIPTION

The urinary system involves those organs concerned in the production and excretion of urine.

### IV. POLICY

Services and supplies required in the diagnosis and treatment of illness or injury involving the urinary system that are considered medically necessary.

### V. POLICY CONSIDERATIONS

#### A. Ureteral Endoscopy.

1. Ureteral endoscopy (CPT 50951-50980) is covered when performed through an established ureterostomy.

2. If ureteral endoscopy is performed in conjunction with a cystourethroscopy (CPT 52000-52400), the allowable will be determined based on the procedure with the greater value.

#### B. Cystoscopy.

1. When a cystoscopy is necessarily a part of another procedure, no additionally payment will be allowed for the cystoscopy.

2. A cystoscopy is part of the following procedures:
  - a. Transurethral resection of the vesical neck, in a female or child (CPT 52500).
  - b. Excision of a bladder diverticulum (CPT 52305).
  - c. Excision of a bladder tumor (CPT 52234-52240).
  - d. Transurethral surgery (CPT 52204-52700).
3. If a cystoscopy with ureteral catheterization (CPT 52005) is performed with any of the above procedures, 50% of the value of the ureteral catheterization is payable in addition to the allowance for the major procedure.
  - C. Cystourethroscopy/Meatotomy. The allowance for cystourethroscopy (CPT 52000-52010) includes a meatotomy (CPT 53020-53025).
  - D. Urethral Dilatation/Cystourethroscopy. When urethral dilatation (CPT 53600-53665) is performed in conjunction with a cystourethroscopy (CPT 52000-52010), reimbursement is included in the basic allowance of the cystoscopy.
  - E. Urethral Dilatation/Cystoscopy. Urethral dilatation (CPT 53600-53665), when performed in conjunction with a cystoscopy (CPT 52000-52010) for urethral stenosis or structure, is a covered service and reimbursement will be on the basis of a cystourethroscopy with calibration and/or dilatation of urethral structure of stenosis (CPT 52281).
  - F. Renal Function Tests. Differential, qualitative and chemical renal function tests (Howard or Stamey) are covered procedures. Reimbursement includes a cystoscopy with ureteral catheterization (CPT 52005-52010).
  - G. Female Urethral Syndrome. Treatment of the female urethral syndrome (CPT 52285) is a covered procedure. It includes cystourethroscopy, urethral meatotomy, urethral dilatation, internal urethrotomy, lysis of urethrovaginal septal fibrosis, lateral incisions of the bladder neck, and fulguration of polyp(s) of urethra, bladder neck, and/or trigone. No separate payment can be allowed for any of the above procedures when billed in addition to CPT 52285.
  - H. Cystourethroscopy. Cystourethroscopy with removal of a ureteral calculus (CPT 52325) or manipulation without removal of a ureteral calculus (CPT 52330) is a covered service.
  - I. Transurethral Resection of the Prostate. A transurethral resection of the prostate (CPT 52601) includes reimbursement for:
    1. vasectomy (CPT 55250);

2. meatotomy (CPT 53020-53025);
3. cystourethroscopy (CPT 52000-52010); and
4. internal urethrotomy (CPT 52270-52276).

J. Implantable Urethral Sphincter.

1. Mechanical/hydraulic incontinence control devices (e.g., protigen pubovaginal sling) when FDA approved as safe and effective in the management of urinary incontinence in patients with permanent anatomic and neurologic dysfunctions of the bladder may be considered for cost sharing when determined to be medically necessary and appropriate treatment when used for the labeled indication.

2. Both the F. Bradley Scott and Kaufman prosthetic devices are acceptable for surgical implantation in the management of urinary incontinence. Benefits may also be considered for the implantation of similar devices approved by the Food and Drug Administration (FDA) when determined by medical review to be medically appropriate.

3. Repair and replacement of covered devices and associated surgical costs may be cost shared.

4. Instillation of Anticarcinogenic Agent. Bladder instillation of an anticarcinogenic agent (CPT 51720) is a covered procedure. The cost of the drug may be reimbursed separately.

K. Cystometrogram/Urethral Dilation. When a cystometrogram (CPT 51725-51726) is performed in conjunction with a urethral dilation (CPT 53600-53621 and 53665), reimbursement is 100% of the allowance for the procedure with the highest value and 50% of the allowance for the procedure with the lower value.

L. Cystoscopy/Cystometrogram/Panendoscopy. When a cystoscopy, cystometrogram, and panendoscopy are performed at one operative session, reimbursement will 100% of the allowance for the cystoscopy and 50% of the allowance for the cystometrogram. No allowance will be made for the panendoscopy.

M. Uroflowmetric Evaluations. The following uroflowmetric evaluations (urodynamic flow studies) are covered when necessary for the diagnosis of neuro-muscular dysfunction of the lower urinary tract, neurologic disease, neurologic dysfunction of the bladder or urologic disease. The services must be performed by or under the direct supervision of a physician.

1. Cystometrogram studies.
2. Uroflowmetric studies.

- a. External measurements.
- b. Internal stream measurements.
3. Urethral pressure profile studies - urethral closure pressure profile.
4. Electromyographic studies.
5. Voiding pressure studies - bladder voiding pressure.

N. Sacral nerve stimulation (SNS) for the treatment of urinary urgency/frequency is a covered benefit. Services and supplies related to the implantation of the SNS may be covered for individuals with urge incontinence, non-obstructive urinary retention, or symptoms of urgency-frequency syndrome that is not due to a neurologic condition, who have failed previous conservative treatments, and who have had a successful peripheral nerve evaluation test.

O. Interstim® Contenance Control Therapy for the treatment of urinary urge incontinence in patients who have failed or could not tolerate more conservative treatments is a covered benefit.

## VI. EXCLUSIONS

- A. Pelvic floor electrical stimulation for treatment of urinary incontinence.
- B. The following devices used for the management of urinary incontinence:
  1. peri-urethral teflon injection;
  2. silastic gel implant; and
  3. acrylic prosthesis (Berry prosthesis).

C. Bladder stimulators, direct or indirect, such as spinal cord, rectal, vaginal, electrical stimulators, or bladder wall stimulators. Payment for any related service or supply, including inpatient hospitalization primarily for surgical implementation of a bladder stimulator.

- D. Cryotherapy for ablation of renal cell carcinoma.
- E. Extracorporeal magnetic stimulation for urinary incontinence.

F. Transurethral balloon dilation of the prostate (CPT 52510).

G. Transurethral Needle Ablation (TUNA) of the prostate (CPT 53852).

**\*END OF POLICY\***