



# Geisinger Health Plan Policies and Procedure Manual

**Policy: MP093**

**Section: Medical Benefit Policy**

**Subject: Cystourethroscopy with Insertion of Ureteral Stent**

## Applicable Lines of Business

|                   |          |             |          |
|-------------------|----------|-------------|----------|
| <b>Commercial</b> | <b>X</b> | <b>CHIP</b> | <b>X</b> |
| <b>Medicare</b>   | <b>X</b> | <b>ACA</b>  | <b>X</b> |
| <b>Medicaid</b>   | <b>X</b> |             |          |

**I. Policy:** Cystourethroscopy with Insertion of Ureteral Stent

### II. Purpose/Objective:

To provide a policy of coverage regarding Cystourethroscopy, with Insertion of Ureteral Stent

### III. Responsibility:

- A. Medical Directors
- B. Medical Management

### IV. Required Definitions

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

### V. Additional Definitions

Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

- a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
- b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
- c. in accordance with current standards of good medical treatment practiced by the general medical community.
- d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
- e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

### Medicaid Business Segment

Medically Necessary — A service, item, procedure, or level of care that is necessary for the proper treatment or management of an illness, injury, or disability is one that:

- Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.
- Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.
- Will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking

into account both the functional capacity of the Member and those functional capacities that are appropriate for Members of the same age

#### **DESCRIPTION:**

Endoprosthesis for recurrent urethral strictures are implantable prostheses which have been approved by the Food and Drug Administration (FDA) for maintaining patency of the urethra when obstructed due to stenosis or strictures. The Urolume® endoprosthesis is one FDA approved implantable device intended for use in men as a treatment to relieve urinary obstruction secondary to recurrent bulbar urethral strictures and prostatic obstruction secondary to benign prostatic hypertrophy (BPH).

#### **INDICATIONS:**

- Urethral strictures or stenosis
- Benign hypertrophy of the prostate
- Detrusor sphincter dyssynergia

**Associated Key Words:** Uro-lume® Endoprosthesis

#### **Medicaid Business Segment:**

Any requests for services, that do not meet criteria set in the PARP, may be evaluated on a case by case basis.

**CODING ASSOCIATED WITH:** Cystourethroscopy, with Insertion of Urethral Stent

***The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at [www.cms.gov](http://www.cms.gov) or the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements.***

52282 Cystourethroscopy, with insertion of urethral stent

52284 Cystourethroscopy, with mechanical urethral dilation and urethral therapeutic drug delivery by drug-coated balloon catheter for urethral stricture or stenosis, male, including fluoroscopy, when performed

52310 Cystourethroscopy, with removal of foreign body, calculus, or urethral stent from urethra or bladder; simple

52315 Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated

L8699: Prosthetic implant, not otherwise specified

Current Procedural Terminology (CPT®) © American Medical Association: Chicago, IL

#### **LINE OF BUSINESS:**

**Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD's and NCD's will supercede this policy. For PA Medicaid Business segment, this policy applies as written.**

#### **REFERENCES:**

Sertcelik N, Sagnak L, Imamoglu A, Temel M, Tuygun C. The use of self-expanding metallic urethral stents in the treatment of recurrent bulbar urethral stricture: long-term results. *BJU International*. 86(6):686-689, Oct. 2000.

Milroy E, Allen A. Long-term results of urolume urethral stent for recurrent urethral strictures. *Journal of Urology*. 155(3):904-908. Mar. 1996.

Geisinger Clinic Technology Assessment Committee, Urolume, Jan. 14, 1998.

Kletscher BA, Oesterling JE,. Prostatic Stents. Current perspectives for the management of benign prostatic hyperplasia. *Urologic Clinics of North America*, 22(2):423-430, May 1995.

Guazzoni G, Montorsi F, Bergmaschi F, Consonni P, Rigatti P. Prostatic urolume wallstent for urinary retention due to advanced prostate cancer: a 1-year followup study. *Journal of Urology*. 152:1530-1532. Nov. 1994.

Wright K, Sherk S. Ureteral Stenting. *Gale Encyclopedia of Surgery*, 2004.

Winifred S. Hayes Inc. HAYES Directory. UroLume Urethral Stent for Urinary Obstruction Secondary to Benign Prostatic Hyperplasia (BPH). April 4, 2013.

Kikolaj F, Markiet K, Matruszewski M. Diagnosis and Management of Urolume Urethral Stent Complications Using Ultrasonography and Magnetic Resonance Imaging. Urology 2020;144:e4-e5

This policy will be revised as necessary and reviewed no less than annually.

**Devised:** 4/98

**Revised:** 5/03 (format), 5/09 (wording)

**Reviewed:** 5/04, 5/05, 5/06, 5/07, 5/08, 5/10, 5/11, 5/12, 5/13, 5/14, 5/15, 5/16, 4/17, 4/18, 4/19, 4/20, 4/21, 4/22, 4/23, 4/24

**CMS UM Oversight Committee Approval:** 12/23

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

Coverage for experimental or investigational treatments, services and procedures is specifically excluded under the member's certificate with Geisinger Health Plan. Unproven services outside of an approved clinical trial are also specifically excluded under the member's certificate with Geisinger Health Plan. This policy does not expand coverage to services or items specifically excluded from coverage in the member's certificate with Geisinger Health Plan. Additional information can be found in MP015 Experimental, Investigational or Unproven Services.

Prior authorization and/or pre-certification requirements for services or items may apply. Pre-certification lists may be found in the member's contract specific benefit document. Prior authorization requirements can be found at <https://www.geisinger.org/health-plan/providers/ghp-clinical-policies>

Please be advised that the use of the logos, service marks or names of Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company on a marketing, press releases or any communication piece regarding the contents of this medical policy is strictly prohibited without the prior written consent of Geisinger Health Plan. Additionally, the above medical policy does not confer any endorsement by Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company regarding the medical service, medical device or medical lab test described under this medical policy.