


PROVIDENCE HEALTH PLANS MEDICAL POLICY	Urinary Dysfunction: Vesicoureteral Reflux Treatments	
Effective Date: 7/1/2017	Section: SUR	Policy No: 360
 7/1/17	Technology Assessment Committee Approved Date: 2/08; 5/09: 7/15; 4/16	
Medical Officer	Date	Medical Policy Committee Approved Date: 5/11; 5/13; 8/14; 5/17

See Policy CPT/HCPCS CODE section below for any prior authorization requirements

APPLIES TO:

All lines of business

BENEFIT APPLICATION

Medicaid Members

Oregon: Providence Health Assurance (PHA) utilizes the Oregon Health Plan (OHP) Prioritized List for coverage determinations for services requested for Oregon Medicaid members. See OHP guidelines for coverage and non-coverage criteria.

For other lines of business, refer to the Policy Criteria section below.

POLICY CRITERIA

Deflux injectable gel and Macroplastique may be covered for the treatment of vesicoureteral reflux (VUR) subject to benefit when Plan criteria listed below is met.

Deflux injectable gel and Macroplastique are not covered and are considered experimental for uses other than for VUR. It is also investigational for patients with vesicoureteral reflux who do not meet the criteria listed below.

I. Deflux injectable gel and Macroplastique are considered medically necessary for the treatment of severe vesico-ureteral reflux (i.e., stage II –IV) as an alternative to surgical intervention when conservative treatments (e.g., prophylactic antibiotics and clean intermittent catheterization) have failed and they have any of the following conditions:

- A. Lower grades of reflux (grades I to III); or
- B. Recurrent, poorly controlled febrile urinary tract infections; or
- C. Persistent reflux in post-pubertal female patient's; or
- D. Deterioration of renal parameters regardless of reflux severity; or
- E. Children whose reflux is associated with a thick-walled neuropathic bladder; or
- F. Children who stopped taking their medication as a result of drug intolerance or parental non-

compliance.

INTERNATIONAL CLASSIFICATION SYSTEM OF VUR:

Reflux is graded I to V on the basis of the appearance of contrast in the ureter and upper collecting duct system during voiding cystourethrography:

Grade I	Reflux into the non-dilated ureter
Grade II	Reflux into the renal pelvis, and calyces without dilation
Grade III	Mild to moderate dilation of the ureter, renal pelvis, and calyces with minimal blunting of the fornices
Grade IV	Moderate ureteral tortuosity and dilation of the Renal pelvis, and calyces
Grade V	Gross dilation of the ureter, renal pelvis, and calyces, loss of papillary impressions, and ureteral tortuosity

CPT/HCPCS CODES

All Lines of Business

No Prior Authorization Required

51715	Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck
52327	Cystourethroscopy (including ureteral catheterization); with subureteric injection of implant material
L8605	Injectable bulking agent, synthetic implant, urinary tract, 1 ml syringe, includes shipping and necessary supplies

DESCRIPTION

Deflux injectable gel is a gel-like liquid containing complex sugars, packaged in a syringe. It was FDA approved in 2001 to treat children who have vesicoureteral reflux (VUR), an abnormal condition in which urine flows backwards from the bladder to the kidneys. This condition causes repeated, severe urinary tract infections which can harm the child’s kidneys.

Macroplastique is a bulking agent, polydimethylsiloxane, that is an endoscopic injection for the treatment of low grade vesicoureteral reflux as an alternative to long-term antibiotic prophylaxis and surgical management.

INSTRUCTIONS FOR USE

Providence Health Plan (PHP) Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. PHP Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. PHP reserves the right to determine the application of Medical Policies and make revisions to its Medical Policies at any time. Providers will be given at least 60-days' notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and PHP Medical Policy will be resolved in favor of the coverage agreement.

REGULATORY STATUS

Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case.

REFERENCES

1. J Pediatr Urol. 2015 Apr;11(2):90.e1-5. doi: 10.1016/j.jpurol.2014.12.009. Epub 2015 Mar 2. Factors affecting the success of endoscopic treatment of vesicoureteral reflux and comparison of two dextranomer based bulking agents: does bulking substance matter? Dogan HS1, Altan M2, Citamak B2, Bozaci AC2, Koni A2, Tekgul S2.
2. Pediatr Nephrol. 2015 Jan;30(1):131-8. doi: 10.1007/s00467-014-2906-4. Epub 2014 Aug 7. Physician preference is a major factor in management of vesicoureteral reflux. Lee OT1, Durbin-Johnson B, Kurzrock EA.
3. Pediatr Surg Int. 2015 Oct;31(10):977-82. doi: 10.1007/s00383-015-3778-9. Epub 2015 Aug 19. Ureteric patency after Deflux® injection for the treatment of vesicoureteric reflux in children confirmed by a novel epidural catheter-assisted endoscopic technique. Okawada M1, Shibuya S2, Doi T2, Miyano G2, Koga H2, Lane GJ2, Okazaki T2, Yamataka A2.

Policy Version Notes

- Original policy effective date: 5/08
- Revision Dates: 7/15; 4/16
- Review Dates: 2/08; 5/09; 5/11; 5/13; 8/14; 7/15; 3/16