

## URINARY SYSTEM

ISSUE DATE: August 26, 1985

AUTHORITY: [32 CFR 199.4\(c\)\(2\)](#) and [\(c\)\(3\)](#)

---

### I. CPT<sup>1</sup> PROCEDURE CODES

50010 - 50541, 50543 - 53899, 64561, 64581, 64585, 64590, 64595

### II. DESCRIPTION

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

### III. POLICY

A. Services and supplies required in the diagnosis and treatment of illness or injury involving the urinary system are covered.

B. Benefits may be considered for the implantation of similar FDA approved devices. The sacral nerve root stimulation (SNS) has received FDA approval. Services and supplies related to the implantation of the SNS may be covered for individuals with urge incontinence, nonobstructive 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.

C. The use of a bedwetting alarm for the treatment of primary nocturnal enuresis may be considered for cost sharing when prescribed by a physician and after physical or organic causes for nocturnal enuresis have been ruled out.

D. Collagen implantation of the urethra and/or bladder neck may be covered for patients not amenable to other forms of urinary incontinence treatment.

### IV. EXCLUSIONS

A. Peri-urethral Teflon injection is unproven (HCPCS procedure code L8606).

B. Silastic gel implant.

---

<sup>1</sup> CPT codes, descriptions and other data only are copyright 2005 American Medical Association. All rights reserved. Applicable FARS/DFARS Restrictions Apply to Government use.

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 4, SECTION 14.1

URINARY SYSTEM

---

C. Acrylic prosthesis (Berry prosthesis).

D. Bladder stimulators, direct or indirect, such as spinal cord, rectal and 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.

E. Transurethral balloon dilation of the prostate (CPT<sup>2</sup> procedure code 52510) is unproven.

F. Cryotherapy for ablation of renal cell carcinoma (CPT<sup>2</sup> procedure code 50542) is unproven.

G. Laparoscopic radiofrequency ablation (CPT<sup>2</sup> procedure code 50542) and percutaneous radiofrequency ablation (CPT<sup>2</sup> procedure code 50592) for renal masses/tumors are unproven.

V. EFFECTIVE DATE

Transurethral Needle Ablation (TUNA) of the prostate is proven (CPT<sup>2</sup> procedure code 53852). Effective June 1, 2004.

- END -

---

<sup>2</sup> CPT codes, descriptions and other data only are copyright 2005 American Medical Association. All rights reserved. Applicable FARS/DFARS Restrictions Apply to Government use.