Current Effective Date: 8/7/25
Status: Approved
Reviewed by Medical Policy Subcommittee: 12/21/23, 8/7/25
Reviewed Dates: 12/21/23, 10/23/24, 6/5/25

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Medical policies in conjunction with other nationally recognized standards of care are used to make medical coverage decisions.

Augmentation Cystoplasty (Enterocystoplasty) Policy

Indication/Usage:

Augmentation Cystoplasty (AC) is a surgical procedure used in adults and children who lack adequate bladder capacity or detrusor compliance manifested by debilitating urgency, frequency, incontinence, recurrent UTI's, pyelonephritis, or progressive renal insufficiency. The surgery involves applying a native piece of tissue (generally from the intestine) to the bladder to increase bladder capacity.

Indications cited in the literature include congenital anomalies and other conditions associated with neurogenic bladder such as: spina bifida, posterior urethral valves, prune belly syndrome, bladder Exstrophy, cloacal exstrophy, multiple sclerosis, spinal cord injuries, interstitial cystitis, radiation

cystitis, radical pelvic surgery, and trauma to the lower urinary tract. Many people requiring AC will benefit from the creation of a continent catheterizable channel and bladder outlet surgery as well.

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Medical Indications for Authorization Commercial and Medicare Members

SummaCare considers augmentation cystoplasty (Enterocystoplasty) medically necessary for the treatment of neurogenic bladder that is refractory to medication and other conservative measures.

CPT Codes

51960 Enterocystoplasty, including intestinal anastomosis
50825 Continent diversion, including intestine anastomosis using any segment of small and/or large intestine (Kock pouch or Camey enterocystoplasty)

There is currently no NCD or LCD per CMS

Limitations

A trial of conservative therapy is requires prior to augmentation cystoplasty, which might include anticholinergics, clean intermittent catheterizations (CIC), intravesical instillation of medications, and/or intravesical injection of botulinum toxin.

SummaCare considers augmentation cystoplasty experimental and investigational for any other indications.

Coverage Decisions

Coverage decisions made per CMS Guidelines, Hayes Research and industry standards research.

Plans Covered By This Policy

Commercial and Medicare
Self-funded Commercial groups refer to plan document for coverage

Sources Reviewed

Arlen, A. M. (2013). Rapid construction of sigmoid bladder augmentation using absorbable staples: long-term results and comparison to standard colocystoplasty in children with neurogenic bladder. Journal of Pediatric Urology, 284-288.

Schlomer, B. S. (2013). National Trends in Augmentation Cystoplasty in the 2000s and Factors Associated with Patient Outcomes. The Journal of Urology, 1352-1358.

Stewart, J. B. (2013). The Contemporary Indications for Augmentation cystoplasty. Springer Link.
Szymanski, K. M. (2014). Cutting for stone in augmented bladders-what is the risk of recurrence and is it impacted by treatment modality? Journal of Urology, 1375-1380

Quek ML, Ginsberg DA. Long-term urodynamics follow-up of bladder augmentation for neurogenic bladder. J Urol.2003; 169(1):195-198.

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