Coverage of any medical intervention discussed in a Prevea360 Health Plan medical policy is subject to the limitations and exclusions outlined in the member’s benefit certificate.

**Vesicoureteral Reflux Treatment in Children**

**Covered Service:** Yes—when meets criteria below

**Prior Authorization Required:** Yes—as shown below

**Additional Information:** None

**Prevea360 Health Plan Medical Policy:**

1.0 Treatment of vesicoureteral reflux (VUR) for children by endoscopic injection of bulking agents requires prior authorization through the Quality and Care Management Division. Endoscopic injection of dextranomer/hyaluronic acid copolymer (Deflux), polydimethylsiloxane (Macroplastique), or other bulking agents may be utilized for primary or secondary VUR.

2.0 VUR treatment is considered medically necessary when at least one of the following conservative treatment (e.g. prophylactic antibiotics, OR clean intermittent catheterizations, OR behavioral therapy/bladder training, OR pelvic floor muscle training, OR pharmacotherapy) has been tried and failed AND when ONE of the following criteria are met:

   2.1 Children who have had a previously unsuccessful ureteral re-implantation, OR
   2.2 Children who have stopped taking their medication as a result of drug intolerance or parental non-compliance, OR
   2.3 Children whose reflux is associated with a thick-walled neuropathic bladder, OR
   2.4 Deterioration of renal parameters regardless of reflux severity, OR
   2.5 Lower grades of reflux (grades I to III), OR
   2.6 Persistent reflux in post-pubertal patients, OR
   2.7 Recurrent, poorly controlled febrile urinary tract infections.

3.0 After 3 treatment sessions and symptoms do not improve, treatment is considered to be a failure. Further treatments are considered not medically necessary.

4.0 Endoscopic injections of bulking agents for VUR who do not meet the criteria above are considered experimental and investigational.
Coverage of any medical intervention discussed in a Prevea360 Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate.

<table>
<thead>
<tr>
<th>Committee/Source</th>
<th>Date(s)</th>
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<tbody>
<tr>
<td>Originated: Medical Policy Committee/Quality and Care</td>
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<td>Management Division</td>
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