

Medical Coverage Policy



Pelvic Floor Stimulation as a Treatment of Urinary Incontinence

Device/Equipment Drug Medical Surgery Test Other

Effective Date:	4/1/2001	Policy Last Updated:	5/21/2013
-----------------	----------	----------------------	-----------

Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

Description:

Urinary incontinence is a common condition defined as an involuntary leakage of urine. Women are twice as likely to be affected as men, and prevalence increases with age. The severity of incontinence affects quality of life and treatment decisions. The types of urinary incontinence include stress, urge, overflow, functional, and post-prostatectomy incontinence. Nonsurgical treatment options may include pharmacologic treatment, pelvic muscle exercises (PME), bladder training exercises, electrical stimulation, and neuromodulation.

Pelvic floor electrical stimulation (PFES) is a non-invasive treatment used to treat urinary incontinence. It is thought that stimulation of the pudendal nerve improves urethral closure by activating the pelvic floor musculature. PFES is believed to improve partially denervated urethral and pelvic floor musculature by enhancing the process of reinnervation.

Pelvic floor electrical stimulation with a non-implantable stimulator is delivered generally by vaginal or anal probes connected to an external pulse generator. The electrical stimulation is controlled via a probe wired to a device. A variation in the amplitude and frequency of the electrical pulse is used to mimic and stimulate the different physiologic mechanisms of the voiding response, depending on the type of etiology of incontinence (i.e., either detrusor instability, stress incontinence, or a mixed pattern).

Methods of PFES have varied in location (vaginal, rectal), stimulus frequency, stimulus intensity or amplitude, pulse duration, pulse-to-rest ratio, treatments per day, number of treatments per week, length of time for each session, and overall time period for device use between clinical and home settings.

Patients receiving electrical PFS may undergo treatment in a physician's office or physical therapy facility, or patients may undergo initial training in a physician's office followed by home

treatment with a rented or purchased pelvic floor stimulator. Magnetic PFS may be delivered in the physician's office.

Findings from multiple randomized, controlled trials have not found that electrical pelvic floor stimulation used to treat urinary incontinence in women consistently improved net health outcome compared to placebo or other conservative treatments. There is insufficient evidence on the efficacy of electrical pelvic floor stimulation compared to placebo or another treatment in the treatment of post-prostatectomy incontinence in men. In addition, there is insufficient evidence from randomized, controlled trials on the benefit of magnetic pelvic floor stimulation for treating urinary incontinence in men or women. Thus, pelvic floor stimulation as a treatment of urinary incontinence is considered not medically necessary.

According to Medicare, pelvic floor electrical stimulation with a non-implantable stimulator is covered as reasonable and necessary for the treatment of stress and/or urge urinary incontinence. The patient must have first undergone and failed a documented trial of pelvic muscle exercise training. These devices are not covered as initial treatment modality for stress or urge incontinence. Implanted stimulators are noncovered. A failed trial of PME training is defined as no clinically significant improvement in urinary continence after completing four weeks of an ordered plan of pelvic muscle exercises designed to increase periurethral muscle strength.

Medical criteria:

None.

Policy:

BlueCHiP for Medicare

Pelvic floor electrical stimulation with a non-implantable stimulator is **covered for BlueCHiP for Medicare members only** for the treatment of stress and/or urge urinary incontinence.

Medicare policy is developed separately from BCBSRI policy. Medicare policy incorporates consideration of governmental regulations from CMS (Centers for Medicare and Medicaid Services), such as national coverage determinations or local coverage determinations. In addition to benefit differences, CMS may reach different conclusions regarding the scientific evidence than does BCBSRI. Medicare and BCBSRI policies may differ. However, BlueCHiP for Medicare members must be offered, at least, the same services as Medicare offers.

All Other BCBSRI Products

Pelvic floor electrical stimulation is not covered and considered a **contract exclusion**.

Coverage:

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for applicable "Therapies, Acupuncture and Acupuncturist Services, and Biofeedback" benefits/coverage.

Coding:

There is no specific CPT code for this service and therefore the unlisted code should be used:
53899

The following codes are not specific to pelvic floor stimulation and will be denied as non covered when used for these services:

97014)

97032

The following HCPCS code is **covered for BlueCHIP for Medicare only** and non-covered for all other BCBSRI products:

E0740 Incontinence treatment system, pelvic floor stimulator, monitor, sensor and/or trainer

Also known as:

Pelvic floor stimulation

Pelvic floor rehabilitation

® Pelvic Floor Therapy System

MyoTrac Infiniti

Pathway CTS2000

InCare PRS

Related topics:

Biofeedback

https://www.bcbsri.com/sites/default/files/polices/Biofeedback_0.pdf

Published:

Provider Update, August 2013

Provider Update, January 2012

Provider Update, December 2010

Provider Update, October 2009

Provider Update, October 2008

Policy Update, January 2008

Policy Update, November 2006

Policy Update, December 2005

Policy Update, November 2001

Policy Update, October 2000

References:

Blue Cross and Blue Shield Association: Medical Reference Manual. Policy# 1.01.17 Pelvic Floor Stimulation as a Treatment of Urinary Incontinence

Centers for Medicare and Medicaid Services. Local Coverage Article for Non-Implantable Pelvic Floor Electrical Stimulator.

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice.