

Medical Coverage Policies

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Pelvic Floor Electrical Stimulation as a Treatment of Urinary Incontinence

EFFECTIVE DATE	04/01/2001	LAST UPDATED	08/18/2009
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Description:

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 thought 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. Variations 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 PFES may undergo initial training in a physician's office followed by home treatment with a rented or purchased pelvic floor stimulator.

Considering the total body of scientific literature which at times was conflicting either because of study design or low power to detect differences, the Medicare Coverage Advisory Committee panel believed that the empirical evidence presented was inadequate, to determine conclusively, the effectiveness as a primary treatment modality. At the same time, professional societies' consensus statements, expert opinions, and additional analysis strongly suggest the value of pelvic floor electrical stimulation, particularly for those patients who have undergone and failed a trial of pelvic muscle exercise.

According to Medicare policy, pelvic floor electrical stimulators, inserted into the vaginal canal or rectum, are covered as reasonable and necessary as a treatment for 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 remain noncovered.

In December 2007, the National Institutes of Health convened a Consensus Development Conference, *Prevention of Fecal and Urinary Incontinence*, and subsequently released a statement¹. Included in this statement was the following regarding pelvic floor muscle training, and magnetic or electrical stimulation: "Inconsistent low-level evidence from twelve randomized controlled trials did not show that magnetic or electrical stimulation cured or improved urinary incontinence in women better than did sham stimulation or pelvic floor muscle training."

Coverage is provided for BlueCHiP for Medicare members ONLY for the treatment of stress and/or urge urinary incontinence in cognitively intact patients who failed a documented trail of pelvic muscle exercise (PME) training.

Patients must have failed a documented trail of pelvic muscle exercise (PME) training. 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:

Not applicable.

Policy:

Coverage is provided for the treatment of stress and /or urge urinary incontinence for pelvic floor electrical stimulation with a non-implantable stimulator for BlueCHiP for Medicare only.

Pelvic Floor Electrical Stimulation is not medically necessary for BlueCHiP for Rlte Care members and a contract exclusion for all other members as clinical efficacy has not been proven.

Coverage:

Benefits may vary between groups/contracts. Please refer to the appropriate member certificate/subscriber agreement/Rlte Care contract for applicable "Therapies, Acupuncture and Acupuncturist Services, and Biofeedback" benefits/coverage. **Preauthorization is not required or recommended.**

Coding:

The following codes are not specific to this policy:

97014
97032

This code is specific to this policy:

E0740

Also known as:

Pelvic floor stimulation
Pelvic floor rehabilitation

Related topics:

Biofeedback

Published:

Policy Update, October 2000
Policy Update, November 2001
Policy Update, December 2005
Policy Update, November 2006
Policy Update, January 2008
Provider Update, October 2008
Provider Update, October 2009

References:

1NIH state-of-the-science conference statement on prevention of fecal and urinary incontinence in adults. NIH Consens State Sci Statements 2007; 24(1):1-37.

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Gilling PJ, Kennett KM, Bell D. *A double-blind randomized trial comparing magnetic stimulation of the pelvic floor to sham treatment for women with stress urinary incontinence*. Abstract presented at the European Association of Urology, Geneva, Switzerland, April 7-10, 2001.

Goode PS, Burgio KL, Locher JL, Roth DL, Umlauf, MG, Richter HE, Varner RE, Lloyd LK. *Effect of Behavioral Training With or Without Pelvic Floor Electrical Stimulation on Stress Incontinence in Women*. JAMA;2003;290:3:345-352.

Holroyd-Leduc JM, Strauss SE. *Management of Urinary Incontinence in Women*. JAMA;2004;291:8:986-995.

Smith PP, McCrery RJ, Appell RA. *Current trends in the evaluation and management of female urinary incontinence*. CMAJ;November 7, 2006:175(10):1233-1240.

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