



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Medical Policy

Treatment of Urinary Incontinence Selected Treatments and Devices

Policy Number: 072

Blue Cross Blue Shield of Massachusetts has replaced **Medical Policy #072** with condition-specific medical policy(s). Please select the medical policy of interest by using the “Control” key and the right-click key on your mouse or touch pad.

Medical Policy #	Medical Policy Title
308	Biofeedback as a Treatment of Fecal Incontinence or Constipation
470	Pelvic Floor Stimulation as a Treatment of Urinary Incontinence
471	Periurethral Bulking Agents for the Treatment of Urinary Incontinence