



MASSACHUSETTS

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## Medical Policy

# Pelvic Floor Stimulation as a Treatment of Urinary Incontinence and Fecal Incontinence

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### Policy Number: 470

BCBSA Reference Number: 1.01.17

### Related Policies

- Sacral nerve neuromodulation/stimulation, #[153](#)
- Posterior Tibial Nerve Stimulation for Voiding Dysfunction, #[583](#)

### Policy

#### Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Electrical or magnetic stimulation of the pelvic floor muscles (pelvic floor stimulation) as a treatment for urinary incontinence is [INVESTIGATIONAL](#).

Electrical or magnetic stimulation of the pelvic floor muscles (pelvic floor stimulation) as a treatment for fecal incontinence is [INVESTIGATIONAL](#).

#### Medicare HMO Blue<sup>SM</sup> and Medicare PPO Blue<sup>SM</sup> Members

BCBSMA covers pelvic floor electrical stimulation with a non-implantable stimulator for the following indication for Medicare HMO Blue and Medicare PPO Blue members in accordance with CMS NCD:

- For the treatment of stress and/or urge urinary incontinence in cognitively intact patients who have failed a documented trial of pelvic muscle exercise (PME) training.

#### National Coverage Determination (NCD) for Non-Implantable Pelvic Floor Electrical Stimulator (230.8)

<http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=231&ncdver=2&DocID=230.8&SearchType=Advanced&bc=IAAABAAAA&>

### Prior Authorization Information

Pre-service approval is required for all inpatient services for all products.

See below for situations where prior authorization may be required or may not be required for outpatient services.

Yes indicates that prior authorization is required.

No indicates that prior authorization is not required.

	Outpatient	Inpatient
<b>Commercial Managed Care (HMO and POS)</b>	This is not a covered service.	This is not a covered service.
<b>Commercial PPO and Indemnity</b>	This is not a covered service.	This is not a covered service.
<b>Medicare HMO Blue<sup>SM</sup></b>	No	n/a
<b>Medicare PPO Blue<sup>SM</sup></b>	No	n/a

### CPT Codes / HCPCS Codes / ICD-9 Codes

The following codes are included below for informational purposes. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member. A draft of future ICD-10 Coding related to this document, as it might look today, is included below for your reference

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

#### CPT Codes

CPT codes:	Code Description
97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)
97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes

#### HCPCS Codes

HCPCS codes:	Code Description
E0740	Incontinence treatment system; pelvic floor stimulator, monitor, sensor and/or trainer

#### ICD-9 Diagnosis Codes

ICD-9 Diagnosis Codes	Code Description
625.6	Stress incontinence, female
788.30	Urinary incontinence, unspecified
788.31	Urge incontinence
788.32	Stress incontinence, male
788.33	Mixed incontinence (male) (female)
788.34	Incontinence without sensory awareness
788.35	Post-void dribbling
788.36	Nocturnal enuresis
788.37	Continuous leakage
788.38	Overflow incontinence
788.39	Other urinary incontinence

#### ICD-10 Diagnosis Codes

ICD-10-CM Diagnosis codes:	Code Description
N39.3	Stress incontinence (female) (male)
N39.41	Urge incontinence
N39.42	Incontinence without sensory awareness
N39.43	Post-void dribbling
N39.44	Nocturnal enuresis

N39.45	Continuous leakage
N39.46	Mixed incontinence
N39.490	Overflow incontinence
N39.498	Other specified urinary incontinence
R32	Unspecified urinary incontinence

## Description

Pelvic floor stimulation (PFS) is proposed as a nonsurgical treatment option for women and men with urinary incontinence. This approach involves either electrical stimulation of pelvic floor musculature or extracorporeal pulsed magnetic stimulation. Electrical stimulation of the pelvic floor is also proposed as a treatment of fecal incontinence.

## Background

PFS involves electrical stimulation of pelvic floor muscles using either a probe wired to a device for controlling the electrical stimulation or, more recently, extracorporeal electromagnetic (also called magnetic) pulses. The intent of the intervention is to stimulate the pudendal nerve to activate the pelvic floor musculature; it is thought that activation of these muscles will lead to improved urethral closure. In addition, PFS is thought to improve partially denervated urethral and pelvic floor musculature by enhancing the process of reinnervation. The methods of electrical PFS have varied in location (eg, vaginal, rectal), stimulus frequency, stimulus intensity or amplitude, pulse duration, pulse to rest ratio, treatments per day, number of treatment days per week, length of time for each treatment session, and overall time period for device use between clinical and home settings. 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, ie, either detrusor instability, stress incontinence, or a mixed pattern. Magnetic PFS does not require an internal electrode; instead, patients sit fully clothed on a specialized chair with an embedded magnet.

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. PFS was first proposed as a treatment for urinary incontinence and later also proposed as a treatment for fecal incontinence. Incontinence, especially urinary, is a common condition and can have a substantial impact on quality of life. Nonsurgical treatment options for incontinence may include pharmacologic therapy, pelvic floor muscle exercises, bowel or bladder training exercises, electrical stimulation, and neuromodulation.

## Summary

### Urinary incontinence

Findings from multiple RCTs have not found that electrical pelvic floor stimulation used to treat urinary incontinence in women consistently improved the net health outcome compared with placebo or other conservative treatments. Meta-analyses of these RCTs have had mixed findings. There is insufficient evidence on the efficacy of electrical pelvic floor stimulation in the treatment of postprostatectomy incontinence in men, and on the efficacy of magnetic pelvic floor stimulation for treating urinary incontinence in men or women. Thus, electrical or magnetic pelvic floor stimulation as a treatment of urinary incontinence is considered investigational.

### Fecal incontinence

Several RCTs have been published evaluating electrical pelvic floor stimulation used to treat fecal incontinence. Only 1 trial was sham-controlled, and this did not find that electrical stimulation improved the net health outcome. Systematic reviews of RCTs have not found that electrical stimulation was superior to control interventions for treating fecal incontinence. No studies were identified on magnetic pelvic floor stimulation for treating fecal incontinence. Thus, electrical or magnetic pelvic floor stimulation as a treatment of fecal incontinence is considered investigational.

## Policy History

Date	Action
9/2014	BCBSA National medical policy review. New investigational indications described; title changed. Effective 9/1/2014.
5/2013	New references from BCBSA National medical policy.
11/2011- 4/2012	Medical policy ICD 10 remediation: Formatting, editing and coding updates. No changes to policy statements.
9/2011	Reviewed - Medical Policy Group - Urology and Obstetrics/Gynecology. No changes to policy statements.
6/2010	Reviewed - Medical Policy Group - Urology and Obstetrics/Gynecology. No changes to policy statements.
6/2010	Reviewed - Medical Policy Group - Urology and Obstetrics/Gynecology. No changes to policy statements.
3/2010	Updated to remove information related to biofeedback for urinary incontinence, as this will be separately addressed under Medical Policy, #173, effective 3/2010.
1/2010	BCBSA National medical policy review. Changes to policy statements.
6/2009	Reviewed - Medical Policy Group - Urology and Obstetrics/Gynecology. No changes to policy statements.
6/2009	BCBSA National medical policy review. No changes to policy statements.
6/2008	Reviewed - Medical Policy Group - Urology and Obstetrics/Gynecology. No changes to policy statements.
11/2007	BCBSA National medical policy review. No changes to policy statements.

## Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

[Medical Policy Terms of Use](#)

[Managed Care Guidelines](#)

[Indemnity/PPO Guidelines](#)

[Clinical Exception Process](#)

[Medical Technology Assessment Guidelines](#)

## References

1. Blue Cross and Blue Shield Association Technology Evaluation Center (TEC). Pelvic floor electrical stimulation in the treatment of urinary incontinence in adults. TEC Assessments 2000; Volume 15, Tab 2.
2. Blue Cross and Blue Shield Association Technology Evaluation Center (TEC). Magnetic stimulation in the treatment of urinary incontinence in adults. TEC Assessments 2000; Volume 15, Tab 8.
3. Imamura M, Abrams P, Bain C et al. Systematic review and economic modeling of the effectiveness and cost-effectiveness of non-surgical treatments for women with stress urinary incontinence. Health Technology Assessment 2010; Volume 14, No. 40. Available online at: <http://www.hta.ac.uk/1612>. Last accessed March, 2014.
4. Shamliyan T, Wyman J, Kane R. Agency for Healthcare Research and Quality (AHRQ): Nonsurgical Treatments for Urinary Incontinence in Adult Women: Diagnosis and Comparative Effectiveness. 2012. Available online at: <http://effectivehealthcare.ahrq.gov/ehc/products/169/834/urinary-incontinence-treatment-report-130909.pdf>. Last accessed March, 2014.
5. Goode PS, Burgio KL, Locher JL et al. Effect of behavioral training with or without pelvic floor electrical stimulation on stress incontinence in women: a randomized controlled trial. *Jama* 2003; 290(3):345-52.
6. Wang AC, Wang YY, Chen MC. Single-blind, randomized trial of pelvic floor muscle training, biofeedback-assisted pelvic floor muscle training, and electrical stimulation in the management of overactive bladder. *Urology* 2004; 63(1):61-6.

7. Castro RA, Arruda RM, Zanetti MR et al. Single-blind randomized, controlled trial of pelvic floor muscle training, electrical stimulation, vaginal cones and no active treatment in the management of stress urinary incontinence. *Clinics (Sao Paulo)* 2008; 63(4):465-72.
8. Berghmans B, Hendriks E, Bernards A et al. Electrical stimulation with non-implanted electrodes for urinary incontinence in men. *Cochrane Database Syst Rev* 2013; 6:CD001202.
9. Zhu YP, Yao XD, Zhang SL et al. Pelvic floor electrical stimulation for postprostatectomy urinary incontinence: a meta-analysis. *Urology* 2012; 79(3):552-5.
10. Campbell SE, Glazener C, Hunter KF et al. Conservative management for postprostatectomy urinary incontinence. *Cochrane Database Syst Rev* 2012; (1):CD001843.
11. Goode PS, Burgio KL, Johnson TM et al. Behavioral therapy with or without biofeedback and pelvic floor electrical stimulation for persistent postprostatectomy incontinence. *JAMA* 2011; 305(2):151-9.
12. Yamanishi T, Mizuno T, Watanabe M et al. Randomized, placebo controlled study of electrical stimulation with pelvic floor muscle training for severe urinary incontinence after radical prostatectomy. *J Urol* 2010; 184(5):2007-12.
13. Hosker G, Cody JD, Norton CC. Electrical stimulation for faecal incontinence in adults. *Cochrane Database Syst Rev* 2007; (3):CD001310.
14. Vonthein R, Heimerl T, Schwandner T et al. Electrical stimulation and biofeedback for the treatment of fecal incontinence: a systematic review. *Int J Colorectal Dis* 2013; 28(11):1567-77.
15. Schwandner T, Konig IR, Heimerl T et al. Triple target treatment (3T) is more effective than biofeedback alone for anal incontinence: the 3T-AI study. *Dis Colon Rectum* 2010; 53(7):1007-16.
16. Schwandner T, Hemmelmann C, Heimerl T et al. Triple-target treatment versus low-frequency electrostimulation for anal incontinence: a randomized, controlled trial. *Dtsch Arztebl Int* 2011; 108(39):653-60.
17. Norton C, Gibbs A, Kamm MA. Randomized, controlled trial of anal electrical stimulation for fecal incontinence. *Dis Colon Rectum* 2006; 49(2):190-6.
18. Yamanishi T, Homma Y, Nishizawa O et al. Multicenter, randomized, sham-controlled study on the efficacy of magnetic stimulation for women with urgency urinary incontinence. *Int J Urol* 2013.
19. Gilling PJ, Wilson LC, Westenberg AM et al. A double-blind randomized controlled trial of electromagnetic stimulation of the pelvic floor vs sham therapy in the treatment of women with stress urinary incontinence. *BJU Int* 2009; 103(10):1386-90.
20. Wallis MC, Davies EA, Thalib L et al. Pelvic static magnetic stimulation to control urinary incontinence in older women: a randomized controlled trial. *Clin Med Res* 2012; 10(1):7-14.
21. Yokoyama T, Nishiguchi J, Watanabe T et al. Comparative study of effects of extracorporeal magnetic innervation versus electrical stimulation for urinary incontinence after radical prostatectomy. *Urology* 2004; 63(2):264-7.
22. Lucas MG, Bosch RJ, Burkhard FC et al. EAU guidelines on assessment and nonsurgical management of urinary incontinence. *Eur Urol* 2012; 62(6):1130-42.
23. National Institute for Health and Clinical Excellence (NICE). Clinical Guideline 40. Urinary incontinence: the management of urinary incontinence in women, October 2006. Available online at: [www.nice.org.uk](http://www.nice.org.uk). Last accessed March, 2014.
24. National Institute for Health and Clinical Excellence (NICE). Faecal incontinence: the management of faecal incontinence in adults. 2007. Available online at: <http://www.nice.org.uk/CG49>. Last accessed March, 2014.
25. Centers for Medicare and Medicaid Services (CMS). Pub 100-03 Medicare National Coverage Determinations. Available online at: <http://www.cms.hhs.gov/transmittals/downloads/R48NCD.pdf>. Last accessed March, 2014.