BlueCross BlueShield of Arizona
An Independent Licensee of the Blue Cross and Blue Shield Association

MEDICAL COVERAGE GUIDELINES
SECTION: Durable Medical Equipment (DME)

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PELVIC FLOOR STIMULATION AS A TREATMENT OF URINARY AND FECAL INCONTINENCE

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

Description:

Pelvic floor stimulation (PFS) has been investigated as a nonsurgical treatment option for women and men with urinary and fecal incontinence. This approach involves either electrical stimulation of pelvic floor musculature or extracorporeal pulsed magnetic stimulation. The intent is to stimulate the pudendal nerve in order to activate the pelvic floor musculature; it is thought that activation of these muscles will lead to improved urethral and anal closure. In addition, PFS is thought to improve partially denervated pelvic floor musculature by enhancing the process of reinnervation.

PELVIC FLOOR STIMULATION AS A TREATMENT OF URINARY AND FECAL INCONTINENCE (cont.)

Description: (cont.)

Electrical PFS:
Electrical PFS involves the use of a probe that is wired to a non-implantable electrical device that controls electrical impulses. The probe is inserted anally or vaginally. Individuals receiving electrical PFS may undergo treatment in a physician's office or physical therapy facility, or may undergo initial training in a physician's office followed by home treatment with a rented or purchased pelvic floor stimulator.

Electromagnetic PFS:
Electromagnetic PFS does not require an internal electrode. This technology produces highly focused pulsed magnetic fields. During treatment, the individual sits fully clothed in a specially designed chair that has the technology embedded in the seat. Magnetic PFS is delivered in the physician's office.

Criteria:

- Pelvic floor stimulation (PFS) for the treatment of urinary and fecal incontinence is considered ***experimental or investigational*** based upon:

  1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
  2. Insufficient evidence to support improvement of the net health outcome, and
  3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives, and
  4. Insufficient evidence to support improvement outside the investigational setting.

Resources:

Resources prior to 05/22/13 may be requested from the BCBSAZ Medical Policy and Technology Research Department.

1. 1.01.17 BCBS Association Medical Policy Reference Manual. Pelvic Floor Stimulation as a Treatment of Urinary and Fecal Incontinence. Re-issue 04/10/2014, issue date 04/01/1998.