

## Medical Coverage Policy | Pelvic Floor Stimulation as a Treatment of Urinary Incontinence



**EFFECTIVE DATE:** 04|01|2001  
**POLICY LAST UPDATED:** 08|05|2014

### OVERVIEW

Non-implantable pelvic floor electrical stimulators provide neuromuscular electrical stimulation through the pelvic floor with the intent of strengthening and exercising pelvic floor musculature. Stimulation is generally delivered by vaginal or anal probes connected to an external pulse generator.

### PRIOR AUTHORIZATION

Prior authorization review is not required.

### POLICY STATEMENT

#### 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.

#### Commercial Products

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

### MEDICAL CRITERIA

Not applicable.

### BACKGROUND

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. 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). In general, the stimulus frequency and other parameters are chosen based on the patient's clinical diagnosis.

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 with placebo or other conservative treatments. There is insufficient evidence on the efficacy of electrical pelvic floor stimulation 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.

#### **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**

##### **BlueCHiP for Medicare**

The following codes are covered for BlueCHiP for Medicare.

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

**53899**

The following codes are not specific to pelvic floor stimulation, but will be covered when used for these services.

**97014, 97032**

The following HCPCS code is **covered for BlueCHiP for Medicare only.**

**E0740**

##### **Commercial**

The following codes are not covered for Commercial.

There are no specific CPT codes 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 **not covered for Commercial**.

**E0740**

## RELATED POLICIES

Biofeedback

## PUBLISHED

Provider Update	Oct 2014
Provider Update	Aug 2013
Provider Update	Jan 2012
Provider Update	Dec 2010
Provider Update	Oct 2009
Provider Update	Oct 2008
Policy Update	Jan 2008

## REFERENCES

1. Centers for Medicare and Medicaid Services. National Coverage Determination for Non-Implantable Pelvic Floor Electrical Stimulator (230.8)
2. 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.
3. 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.
4. 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.
5. 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.
6. 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.

**CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS**

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. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

