



Stress and Urge Urinary Incontinence

LOB(s): <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid	State(s): <input checked="" type="checkbox"/> Idaho <input checked="" type="checkbox"/> Montana <input checked="" type="checkbox"/> Oregon <input type="checkbox"/> Washington <input type="checkbox"/> Other: <input checked="" type="checkbox"/> Oregon <input type="checkbox"/> Washington
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Enterprise Policy

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determinations are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

Background

Urinary incontinence (UI) is the inability to voluntarily control voiding of urine from the bladder. It affects people of all ages, especially elderly women. Urinary incontinence is not part of the normal aging process; however, age-related changes in the functioning of the lower urinary tract make the elderly more susceptible to this malady. There are 4 prevalent types of UI in adults: stress incontinence, urge incontinence, overflow incontinence, and mixed stress and urge incontinence.

Stress incontinence is more common but less difficult to control than urge incontinence. Mixed incontinence is more prevalent than urge incontinence in women while the latter is more commonly seen in men. In women, stress incontinence (SI) is generally caused by an incompetent urethral mechanism which arises from damage to the urethral sphincter or weakening of the bladder neck support that typically occurred during childbirth. Some women develop SI because of multiple anti-incontinence procedures resulting in a condition known as intrinsic urethral sphincter deficiency.

In men, SI is usually a consequence of operations for benign prostatic hypertrophy or prostatic carcinoma. The mechanisms of post-prostatectomy UI may involve bladder dysfunction, sphincter incompetence, and mixed. Urge incontinence occurs when one senses the urge to void but is unable to prevent leakage of urine before reaching the bathroom. It is usually associated with an over-activity of the detrusor muscle. Overflow incontinence is the result of the bladder's inability to empty normally. It may be due to an underactive detrusor muscle or obstruction of the urethra resulting in the over-distension of the bladder and therefore overflow of urine.

Commercial

Prior authorization is required.

I. Percutaneous Tibial Nerve Stimulation (PTNS)

A. Initiation of Percutaneous Tibial Nerve Stimulation

PacificSource may consider Percutaneous Tibial Nerve Stimulation (PTNS) (e.g., Urgent PC Neuromodulation system) medically necessary when **ALL** the following criteria are met:

1. Diagnosis of stress, urge or mixed urinary incontinence
2. All other causes of overactive bladder (OAB) have been ruled out (e.g., anatomical variances, infection, multiple sclerosis, Parkinson disease, spinal cord injury)
3. Symptoms of OAB (e.g., urinary frequency, urge incontinence and urinary urgency) have persisted for at least **3 months**
4. OAB symptoms limit the member's ability to participate in daily activities
5. Failure of at least 12 weeks of conservative medical management that includes both of the following:
 - Behavioral therapy (e.g., pelvic floor muscle training timed voids and fluid management)
 - Pharmacotherapy (failed at least 2 medications e.g., oral/transdermal anticholinergic and/or antimuscarinics medications), unless contraindicated

Note: When **ALL** the above criteria have been met, a total of 12 (30-minute treatments) once per week will be initially approved.

B. Continuation of Percutaneous Tibial Nerve Stimulation after the initial 12 treatments

PacificSource may consider Percutaneous Tibial Nerve Stimulation (PTNS) (e.g., Urgent PC Neuromodulation system) to be medically necessary for additional treatments when **ALL** the following have been met:

1. The above criteria for initial treatment have been met
2. At least 50% decrease in symptoms is documented in a daily urolog (e.g., record of bladder events, voiding diary)

Note: When the above criteria have been met an additional nine months of treatment (once per month) may be approved.

Medicaid

PacificSource Community Solutions follows Oregon Health Plan (OHP) Diagnostic Procedure Codes, Procedure Group 1119 and does not require prior authorization for:

- 51784 Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique
- 51785 Needle electromyography studies (EMG) of anal or urethral sphincter, any technique

PacificSource Community Solutions follows Guideline Note 47 of the OHP Prioritized List of Health Services for coverage of Urinary Incontinence for:

- 97110 Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility.

PacificSource Community Solutions considers CPT codes 97014, 97032, and 53860 as Insufficient Evidence of Effectiveness per Guideline Note 173 of the OHP Prioritized List of Health Services.

- 97014 Physical medicine; application of a modality to one or more areas; electrical stimulation (unattended)
- 97032 Application of a modality that requires direct (one-on-one) patient contact by the provider—Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes
- 53860 Transurethral, radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence

PacificSource Community Solutions considers CPT code 64566 as minimally effective with no evidence of long-term effectiveness per Guideline Note 172 of the OHP Prioritized List of Health Services.

- 64566 Posterior Tibial Neuro Stimulation (PTNS), percutaneous needle electrode, and single treatment

Medicare

PacificSource Medicare follows Local Coverage Determination Article A52965 for coverage of Posterior Tibial Nerve Stimulation (PTNS).

Experimental/Investigational/Unproven

PacificSource considers the following modalities for treatment of stress or urge urinary incontinence to be experimental, investigational, or unproven:

- Bariatric Surgery
- Galvanic stimulation
- Genityte laser treatments
- Extracorporeal magnetic stimulation (EMS) (e.g., NeoControl® system) or extracorporeal magnetic innervation (ExMI) units (including chair units)
- Non-implanted pelvic muscle stimulation devices (e.g., Apex, Attain, Flyte, Leva Pelvic Health System, INNOVO)

- Percutaneous tibial nerve stimulations (PTNS) for any other indications than listed above
- Pudendal nerve stimulation
- Real Time ultrasound imaging/biofeedback for urinary incontinence
- Lyrette™ Transurethral Radiofrequency Tissue Remodeling System (previously known as Renessa) transurethral radiofrequency remodeling

Coding Information

The following list of codes are for informational purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

53860	Transurethral, radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence
53899	Unlisted procedure, urinary system
64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment
E0740	Incontinence treatment system; pelvic floor stimulator, monitor, sensor and/or trainer
E1399	Durable medical equipment, miscellaneous

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Definitions

Electrical Stimulation - involves the use of electrodes, which provide a mild electrical current to the pelvic floor muscles. E-stim has emerged as a possible alternative to surgery for patients who have failed to respond to conservative treatment. Pelvic floor stimulators use a pulsed current to assist the patient with pelvic floor muscle contractions. The Minnova® PFS product (Empi, Inc.) and the Pathway™ STM-10 (Prometheus Group) are examples of a pelvic floor stimulators.

Magnetic Stimulation - Extracorporeal magnetic stimulation (EMS), also known as extracorporeal magnetic innervation therapy (ExMI), uses a changing magnetic field to induce electrical depolarization of the nerves and muscles of the pelvic floor. To use the device, the patient sits fully clothed in a specialized chair in which the perineum rests on the central axis of a pulsating magnetic field. (e.g., NeoControl® Pelvic Floor Therapy System by Neotonus, Inc.).

Mixed incontinence - simultaneous symptoms of multiple types of incontinence, most often due to overactive bladder and stress incontinence.

Percutaneous Tibial Nerve Stimulation - Indirect stimulation of the sacral nerve performed by injecting a needle into the skin just above the ankle and attaching electrical stimulation to the needle (e.g., The Urgent PC Neuromodulation System by Uroplasty, Inc.).

Stress Incontinence - type of incontinence is related to pressure to the urinary bladder from pregnancy, sneezing, lifting heavy objects, exercise and some medical conditions.

Urge incontinence or overactive bladder (OAB) - type of incontinence is characterized by such a strong urge to urinate that the patient has problems reaching the toilet in time. It is usually a result of injury to nerves or muscles which help control urinary flow, but it can also be caused by some medical conditions.

Related Policies

Bariatric Surgery

Utilization Management Clinician Determinations of Non-coverage

References

Centers for Medicare and Medicaid Services (CMS). National Coverage National coverage Determination (NCD) for Non-Implantable Pelvic floor electrical Stimulator (230.8)

Dumoulin, C., Hay-Smith, E. J., & Mac Habée-Séguin, G. (2014). Pelvic floor muscle training versus no treatment, or inactive control treatments, for urinary incontinence in women. *The Cochrane database of systematic reviews*, (5), CD005654.

Dumoulin, C., Cacciari, L. P., & Hay-Smith, E. (2018). Pelvic floor muscle training versus no treatment, or inactive control treatments, for urinary incontinence in women. *The Cochrane database of systematic reviews*, 10(10), CD005654.

Hayes Medical Technology Directory. Pelvic Floor Electrical Stimulation for the Treatment of Urinary Incontinence. Winifred S. Hayes, Inc., February 25, 2016, Annual review February 11, 2020

National Institute for Health and Care Excellence (NICE). Urinary incontinence and pelvic organ prolapse in women: management. Electrical Stimulation. April 2, 2019. Accessed on 10/22/2020. <https://www.nice.org.uk/guidance/ng123/chapter/Recommendations#non-surgical-management-of-urinary-incontinence>

Schmitt, J. J., Singh, R., Weaver, A. L., Mara, K. C., Harvey-Springer, R. R., Fick, F. R., & Occhino, J. A. (2017). Prospective Outcomes of a Pelvic Floor Rehabilitation Program Including Vaginal Electrogalvanic Stimulation for Urinary, Defecatory, and Pelvic Pain Symptoms. *Female pelvic medicine & reconstructive surgery*, 23(2), 108–113. Accessed on 10/22/2020. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5323296/>

Washington State Health Care Authority, Health Technology Reviews, 2020. Accessed 10/22/2020. <https://www.hca.wa.gov/about-hca/health-technology-assessment/health-technology-reviews>

Appendix

Policy Number:

Effective: 11/1/2020

Next review: 1/1/2024

Policy type: Enterprise

Author(s):

Depts: Health Services

Applicable regulation(s):

Commercial Ops: 8/2023

Government Ops: 8/2023