

# Urinary Incontinence Treatments, Medical 130

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<u>Effective Date</u>	1/1/2026
<u>Next Review Date</u>	9/2026
<u>Coverage Policy</u>	Medical 130
<u>Version</u>	8

**Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details [\\*](#).**

## Description & Definitions:

Urinary incontinence is a dysfunction which is the inability to hold urine in the bladder (leakage) and inability to pass urine out of the bladder (retention). There are different treatments available to reduce leakage.

## Criteria:

Urinary Incontinence Treatments are considered **not medically necessary** for any use other than those indicated in clinical criteria, to include but not limited to:

- Leva Pelvic Health System (**S9002**)
- Pelvic Wand (Intravaginal electrical stimulation) (**E1399**)
- Purewick suction device (**E2001**)

## Document History:

### Revised Dates:

- 2025: September – Full annual review. Remove biofeedback and urethral bulking agents to use MCG A-0330 and A-0268 and codes associated with them. Remove additional indications of coverage in favor of other MCG guidelines. Updated to new format, policy effective 1/1/2026.
- 2024: October – Added HCPCS S9002 to not covered section
- 2023: October
- 2023: August
- 2022: October
- 2021: December
- 2020: December
- 2019: October
- 2016: January
- 2015: March, August, September
- 2014: October
- 2013: January, March, April, May, July
- 2012: April, November
- 2010: March, April, August
- 2009: January, April

### Reviewed Dates:

- 2019: March
- 2017: December
- 2014: April

- 2011: April
- 2010: July

Origination Date: August 2008

## Coding:

Medically necessary with criteria:

Coding	Description
	None

Considered Not Medically Necessary:

Coding	Description
E1399	Misc Code (Intravaginal electrical stimulation)
E2001	Suction pump, home model, portable or stationary, electric, any type, for use with external urine and/or fecal management system
S9002	Intravaginal motion sensor system, provides biofeedback for pelvic floor muscle rehabilitation device

*The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device code(s) 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 of these services as it applies to an individual member.*

## Policy Approach and Special Notes: \*

- Coverage
  - See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
- Application to products
  - Policy is applicable to Sentara Health Plan Commercial products.
  - Use Milliman Guidelines:
    - Artificial Urinary Sphincter (A-0267)
    - Biofeedback (A-0330)
    - Implanted Electrical Stimulator, Sacral Nerve (A-0645)
    - Percutaneous Tibial Nerve Stimulation (PTNS) (A-0699)
    - Sling Procedures, Male (A-0563)
    - Urethral Bulking Agent Injections (A-0268)
    - Urethral Suspension Procedures (S-850)
- Authorization requirements
  - Pre-certification by the Plan is required.
- Special Notes:
  - Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.
  - Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some

services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

## References:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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Provider Manual. (2025). Retrieved 8 2025, from DMAS: <https://www.dmas.virginia.gov/for-providers/>

SURGICAL TREATMENT OF FEMALE STRESS URINARY. (2023 Amendment). Retrieved 8 2025, from American Urological Association (AUA) Guidelines: <https://www.auanet.org/guidelines-and-quality/guidelines/non-oncology-guidelines>

## Keywords:

SHP Urinary Incontinence Treatments, SHP Medical130, behavioral modification training, bladder training, prompted voiding, pelvic muscle exercise, Detrusor instability, Urge incontinence, Urinary frequency, Fistula, Urethral ectopy, Bladder calculi, Urethral diverticula, Overflow incontinence, Periurethral bulking agents, carbon-coated zirconium oxide particles, DuraspHERE, calcium hydroxylapatite particles, Coaptite, silicone elastomer/polydimethylsiloxane, Macroplastique, Marshall test, cystography, urodynamic testing, postvoid residual urine test, weighted vaginal cones, pessary, Urethral inserts, biofeedback, Endoscopic injection of bulking agents, pelvic floor rehabilitation, peripheral nerve evaluation, sacral nerve stimulation, Permanent sacral nerve stimulator, Interstim, Deflux®, Artificial urinary sphincter implantation, Pelvic Floor Rehabilitation, Electrical Nerve Stimulation, Transcutaneous, PTNS, Electrical Stimulation, Behavioral therapy, bladder training, pelvic muscle exercises, cones, pessaries, Pharmacotherapy, anticholinergics, Serotonin–norepinephrine reuptake inhibitors, SNRI's, Condom catheter, Percutaneous Tibial Nerve stimulation, Intermittent catheterization, Indwelling catheter, transurethral, suprapubic, pulse generator, percutaneous peripheral nerve stimulation, sling procedure, Transurethral Radiofrequency Therapy, Renessa Procedure, Pelvic floor electrical stimulators, Mechanical incontinence control devices, hydraulic incontinence control devices, collagen implant