

# Urinary Incontinence Treatments, Medical 174

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| <u>Effective Date</u>   | 9/2008      |
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| <u>Coverage Policy</u>  | Medical 174 |
| <u>Version</u>          | 7           |

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

### **Purpose:**

This policy addresses the medical necessity of various urinary incontinence treatments.

### **Description & Definitions:**

Urinary incontinence is the involuntary loss of urine. There are different treatments available to reduce leakage.

### **Criteria:**

Urinary incontinence treatments are considered medically necessary for **ALL** of the following:

- Failure of behavioral modification training for individuals who can understand and comply with these regimens (e.g. bladder training, prompted voiding, pelvic muscle exercise)
- The primary causes of incontinence have been ruled out or adequately treated, including **ALL** of the following:
  - Detrusor instability
  - Urge incontinence
  - Urinary frequency
  - Fistula
  - Urethral ectopy
  - Bladder calculi
  - Urethral diverticula
  - Overflow incontinence
- Treatment includes **1 or more** of the following:
  - Periurethral bulking agents include carbon-coated zirconium oxide particles (i.e., Durasphere), calcium hydroxylapatite [CaHA] particles (i.e., Coaptite), and silicone elastomer/polydimethylsiloxane (i.e., Macroplastique-as indicated by the FDA) with **ALL** of the following:
    - Demonstration of stress incontinence (e.g., Marshall test, cystography, urodynamic testing)
    - Negative postvoid residual urine test < 75ml for an adult

- Weighted vaginal cones (vaginal weights) when they are used in combination with a structured pelvic floor muscle exercise (e.g. Kegel's exercise) program for the treatment of simple (pure) stress urinary incontinence
- Biofeedback for individuals who carry the benefit

- Urethral inserts for adult with stress incontinence when the beneficiary or caregiver can perform the procedure
- Endoscopic injection of bulking agents (specifically FDA approved for vesicoureteral reflux such as e.g., Deflux®) as an alternative to surgery for clinically severe vesicoureteral reflux Grade II-IV in children one year of age or older
- Artificial urinary sphincter implantation as a treatment of urinary stress incontinence with evidence of **1 or more** of the following:
  - Primary implantation, as indicated by **ALL** of the following:
    - Moderate to severe stress incontinence or total urinary incontinence
    - No detrusor overactivity, or detrusor overactivity has been successfully treated (eg, with anticholinergic drugs)
    - Individual is able to manipulate pump
  - Reimplantation for device failure, erosion, or after removal of infected device
- Percutaneous tibial nerve stimulation (PTNS) may be indicated when **ALL** of the following
  - Failure or contraindication to medication (ie, antimuscarinic) therapy
  - Overactive bladder syndrome
  - Symptoms not due to underlying neurologic condition (eg, multiple sclerosis, Parkinson disease, spinal cord injury)
- Transurethral Radiofrequency Therapy (Renessa Procedure) for the treatment of stress urinary incontinence in non-pregnant individuals who are either not able or not willing to undergo surgery for their condition

Urinary incontinence treatments is considered **not medically necessary** for uses other than those listed in the clinical criteria, to include but not limited to:

- Genityte Laser Procedure
- Transperineal periurethral balloon continence device (i.e., ProACT)
- Leva Pelvic Health System.

## Coding:

### Medically necessary with criteria:

| Coding | Description   |
|--------|---|
| 51715  | Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck   |
| 52327  | Cystourethroscopy (including ureteral catheterization); with subureteric injection of implant material  |
| 53445  | Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff   |
| 53447  | Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff at the same operative session   |
| 53448  | Removal and replacement of inflatable urethral bladder neck sphincter including pump, reservoir, a cuff through an infected field at the same operative session including irrigation and debridement of infected tissue |
| 53449  | Repair of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff   |
| 53860  | Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence   |
| 64566  | Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming  |
| 90901  | Biofeedback training by any modality  |

|       |   |
|-------|---|
| 90912 | Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the Individual   |
| 90913 | Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the Individual (List separately in addition to code for primary procedure) |
| A4336 | Incontinence supply, urethral insert, any type, each  |
| A4356 | External urethral clamp or compression device (not to be used for catheter clamp), each   |
| A5112 | Urinary drainage bag, leg or abdomen, latex, with or without tube, with straps, each  |
| E0715 | Intravaginal device intended to strengthen pelvic floor muscles during Kegel exercises  |
| E0716 | Supplies and accessories for intravaginal device intended to strengthen pelvic floor muscles during Kegel exercises   |
| L8603 | Injectable bulking agent, collagen implant, urinary tract, 2.5 ml syringe, includes shipping and necessary supplies   |
| L8604 | Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, urinary tract, 1 ml, includes shipping and necessary supplies  |
| L8606 | Injectable bulking agent, synthetic implant, urinary tract, 1 ml syringe, includes shipping and necessary supplies  |

**Considered Not Medically Necessary:**

| Coding | Description  |
|--------|--|
| 53451  | Transperineal periurethral balloon continence device; bilateral placement, including cystoscopy and fluoroscopy                  |
| 53452  | Transperineal periurethral balloon continence device; unilateral placement, including cystoscopy and fluoroscopy                 |
| 53453  | Transperineal periurethral balloon continence device; removal, each balloon  |
| 53454  | Transperineal periurethral balloon continence device; adjustment of balloon(s) fluid volume                                      |
| 97026  | Application of a modality to 1 or more areas; infrared   |
| 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                            |

U.S. Food and Drug Administration (FDA) - approved only products only.

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.

## Document History:

### Revised Dates:

- 2025: January – Procedure coding updated to align with changes to service authorization.
- 2024: October – Added HCPCS S9002 to not covered section
- 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

### Effective Date:

- August 2008

## References:

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### 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.

### 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