

Urinary Incontinence Treatments

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All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member’s condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*.

Purpose:

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

Description & Definitions:

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

The following use MCG Guidelines:

- For Sling Procedures, Female use Milliman Guidelines - Urethral Suspension Procedures (S-850)
- For Sling Procedures, Male use Milliman Guidelines - Sling Procedures, Male (A-0563)
- For Implanted Electrical Stimulator, Sacral Nerve, use Milliman Guidelines - Implanted Electrical Stimulator, Sacral Nerve (A-0645)
- For Artificial urinary sphincter implantation use Milliman Guidelines - Artificial Urinary Sphincter (A-0267)
- For Percutaneous tibial nerve stimulation use Milliman Guidelines - Percutaneous Tibial Nerve Stimulation (PTNS) (A-0699)

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
 - **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
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
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

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

Document History:

Revised Dates:

- 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

Effective Date:

- August 2008

References:

Including but not limited to: 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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NCD: Incontinence Control Devices (230.10). (1996, Oct 07). Retrieved Sep 23, 2022, from Centers for Medicare and Medicaid Services: <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=241&ncdver=1&keyword=Incontinence&keywordType=starts&areald=s53&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=>

NCD: Non-Implantable Pelvic Floor Electrical Stimulator (230.8). (2006, Jun 19). Retrieved Sep 23, 2022, from Centers for Medicare and Medicaid Services: <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=231&ncdver=2&keyword=Incontinence&keywordType=starts&areald=s53&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=>

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Special Notes: *

This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

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.

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. *Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

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