


MEDICAL POLICY	Urinary Incontinence Treatments (Medicare Only)	
Effective Date: 5/1/2021  5/1/2021	Section: SUR	Policy No: 440
	Medical Policy Committee Approved Date: 5/19; 11/19; 06/2020; 10/2020; 4/2021	
Medical Officer	Date	

See Policy CPT/HCPCS CODE section below for any prior authorization requirements

SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

APPLIES TO:

Medicare only

MEDICARE POLICY CRITERIA	
<p>The following Centers for Medicare & Medicaid Service (CMS) guidelines should be utilized for medical necessity coverage determinations. Click the link provided in the table below to access applicable medical necessity criteria. All listed guidelines apply.</p>	
Service	Medicare Guidelines
<i>Incontinence Control Devices (includes mechanical/hydraulic incontinence control devices and collagen implants)</i>	National Coverage Determination (NCD) for Incontinence Control Devices (230.10) ¹
<i>Sacral Nerve Stimulation for Urinary Incontinence</i>	<ul style="list-style-type: none"> NCD for Sacral Nerve Stimulation for Urinary Incontinence (230.18)² Medicare Claims Processing Manual. Chapter 32 - Billing Requirements for Special Services. 40 – Sacral Nerve Stimulation³ (Note: <i>Scroll to section in Table of Contents and click</i>) Local Coverage Article (LCA): Sacral Nerve Stimulation for Urinary and Fecal Incontinence (A53017)⁴
<i>Non-Implantable Pelvic Floor Electrical Stimulator</i>	NCD for Non-Implantable Pelvic Floor Electrical Stimulator (230.8) ⁵

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<i>Posterior Tibial Nerve Stimulation</i>	LCA: Posterior Tibial Nerve Stimulation Coverage (A52965) ⁶
<i>Intraurethral valve-pump (e.g., InFlow Intraurethral device)</i>	<ul style="list-style-type: none"> • Local Coverage Determination (LCD): Urological Supplies (L33803) • LCA: Standard Documentation Requirements for All Claims Submitted to DME MACs (A55426) • LCA: Urological Supplies - Policy Article (A52521)

Per the [Medicare Policy Manual](#) commercial medical policies may be applied to Medicare coverage determinations in the absence of an appropriate NCD, LCD, LCA, or CMS Coverage Manual. Therefore, the commercial medical policy, Urinary Incontinence Treatments (All Lines of Business Except Medicare), applies to the following services:

- Artificial urinary sphincter
- Injectable non-collagen bulking agents
- Other urinary incontinence treatments not addressed above, including but not limited to:
 - Transurethral radiofrequency therapy (Renessa procedure)
 - Vaginal cones
 - Implanted adjustable continence therapy (e.g., ProAct Therapy System)
 - External female catheters (e.g. PureWick Urine Collection System)

CPT/HCPCS CODES

Medicare Only	
Prior Authorization Required	
0587T	Percutaneous implantation or replacement of integrated single device neurostimulation system including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve
0588T	Revision or removal of integrated single device neurostimulation system including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve
0589T	Electronic analysis with simple programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, posterior tibial nerve, 1-3 parameters
0590T	Electronic analysis with complex programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive

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	parameters, when performed by physician or other qualified health care professional, posterior tibial nerve, 4 or more parameters
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
53444	Insertion of tandem cuff (dual cuff)
53445	Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff
53445	Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff
53446	Removal of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff
53447	Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff at the same operative session
53449	Repair of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff
64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed
64581	Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)
64585	Revision or removal of peripheral neurostimulator electrode array
64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling
64595	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver
A4290	Sacral nerve stimulation test lead, each
C1767	Generator, neurostimulator (implantable), non-rechargeable
C1778	Lead, neurostimulator (implantable)
C1815	Prosthesis, urinary sphincter (implantable)
C1816	Receiver and/or transmitter, neurostimulator (implantable)
C1883	Adapter/extension, pacing lead or neurostimulator lead (implantable)
C1897	Lead, neurostimulator test kit (implantable)
K1010	Indwelling intraurethral drainage device with valve, patient inserted, replacement only, each
K1011	Activation device for intraurethral drainage device with valve, replacement only, each
K1012	Charger and base station for intraurethral activation device, replacement only
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
L8679	Implantable neurostimulator, pulse generator, any type
L8680	Implantable neurostimulator electrode, each
L8682	Implantable neurostimulator radiofrequency receiver

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L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver
L8684	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement
L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension
L8686	Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension
L8688	Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension
L8689	External recharging system for battery (internal) for use with implantable neurostimulator, replacement only
L8695	External recharging system for battery (external) for use with implantable neurostimulator, replacement only

No Prior Authorization Required

64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming
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 patient
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 patient (List separately in addition to code for primary procedure)
97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)
97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes
A4335	Incontinence supply; miscellaneous
E0745	Neuromuscular stimulator, electronic shock unit

Not Covered

53860	Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence
C9746	Termed 6/30/19 Transperineal implantation of permanent adjustable balloon continence device, with cystourethroscopy, when performed and/or fluoroscopy, when performed
0548T	Transperineal periurethral balloon continence device; bilateral placement, including cystoscopy and fluoroscopy
0549T	Transperineal periurethral balloon continence device; unilateral placement, including cystoscopy and fluoroscopy
0550T	Transperineal periurethral balloon continence device; removal, each balloon

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0551T	Transperineal periurethral balloon continence device; adjustment of balloon(s) fluid volume
0596T	Temporary female intraurethral valve-pump (ie, voiding prosthesis); initial insertion, including urethral measurement
0597T	Temporary female intraurethral valve-pump (ie, voiding prosthesis); replacement
E0740	Non-implanted pelvic floor electrical stimulator, complete system
K1006	Suction pump, home model portable or stationary, electric, any type, for use with external urine management system

INSTRUCTIONS FOR USE

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

REGULATORY STATUS

Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case.

REFERENCES

- Centers for Medicare & Medicaid Services, National Coverage Determination (NCD) for Incontinence Control Devices (230.10). Effective Date of this Version: 10/7/1996. <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=241>. Accessed 05/26/2020.
- Centers for Medicare & Medicaid Services, National Coverage Determination (NCD) for Sacral Nerve Stimulation For Urinary Incontinence (230.18). Effective Date of this Version: 1/1/2002. <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=249>. Accessed 05/26/2020.
- Centers for Medicare & Medicaid Services. Medicare Claims Processing Manual. Chapter 32 - Billing Requirements for Special Services. 40 - Sacral Nerve Stimulation. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c32.pdf>. Accessed 05/26/2020.

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- 4. Centers for Medicare & Medicaid Services, Local Coverage Article: Sacral Nerve Stimulation for Urinary and Fecal Incontinence (A53017). <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=53017>. Accessed 05/26/2020.
- 5. Centers for Medicare & Medicaid Services, National Coverage Determination (NCD) for Non-Implantable Pelvic Floor Electrical Stimulator (230.8). <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=231>. Accessed 05/26/2020.
- 6. Centers for Medicare & Medicaid Services. Local Coverage Article (LCA): Posterior Tibial Nerve Stimulation Coverage (A52965). <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52965>. Accessed 05/26/2020.