Medical Policy
Pelvic Floor Stimulation as a Treatment of Urinary Incontinence and Fecal Incontinence

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Policy Number: 470
BCBSA Reference Number: 1.01.17
NCD/LCD: National Coverage Determination (NCD) for Non-Implantable Pelvic Floor Electrical Stimulator (230.8)

Related Policies
- Sacral nerve neuromodulation/stimulation, #153
- Posterior Tibial Nerve Stimulation for Voiding Dysfunction, #583

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Electrical or magnetic stimulation of the pelvic floor muscles (pelvic floor stimulation) as a treatment for urinary incontinence is INVESTIGATIONAL.

Electrical or magnetic stimulation of the pelvic floor muscles (pelvic floor stimulation) as a treatment for fecal incontinence is INVESTIGATIONAL.

Medicare HMO BlueSM and Medicare PPO BlueSM Members

BCBSMA covers pelvic floor electrical stimulation with a non-implantable stimulator for the following indication for Medicare HMO Blue and Medicare PPO Blue members in accordance with CMS NCD:
- For the treatment of stress and/or urge urinary incontinence in cognitively intact patients who have failed a documented trial of pelvic muscle exercise (PME) training.

National Coverage Determination (NCD) for Non-Implantable Pelvic Floor Electrical Stimulator (230.8)

Prior Authorization Information
Pre-service approval is required for all inpatient services for all products.
See below for situations where prior authorization may be required or may not be required for outpatient services.
Yes indicates that prior authorization is required.
No indicates that prior authorization is not required.
N/A indicates that this service is primarily performed in an inpatient setting.

<table>
<thead>
<tr>
<th>Outpatient</th>
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<tbody>
<tr>
<td>Commercial Managed Care (HMO and POS)</td>
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<td>Commercial PPO and Indemnity</td>
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<td>Medicare HMO BlueSM</td>
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CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code 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 as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The following HCPCS code is considered investigational for Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity:

<table>
<thead>
<tr>
<th>HCPCS Codes</th>
<th>Code Description</th>
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<tr>
<td>E0740</td>
<td>Non-implanted pelvic floor electrical stimulator, complete system</td>
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Description
Pelvic floor stimulation (PFS) is proposed as a nonsurgical treatment option for women and men with urinary incontinence. This approach involves either electrical stimulation of pelvic floor musculature or extracorporeal pulsed magnetic stimulation. Electrical stimulation of the pelvic floor is also proposed as a treatment of fecal incontinence.

Background
PFS involves electrical stimulation of pelvic floor muscles using either a probe wired to a device for controlling the electrical stimulation or, more recently, extracorporeal electromagnetic (also called magnetic) pulses. The intent of the intervention is to stimulate the pudendal nerve to activate the pelvic floor musculature; it is thought that activation of these muscles will lead to improved urethral closure. In addition, PFS is thought to improve partially denervated urethral and pelvic floor musculature by enhancing the process of reinnervation. The methods of electrical PFS have varied in location (eg, vaginal, rectal), stimulus frequency, stimulus intensity or amplitude, pulse duration, pulse to rest ratio, treatments per day, number of treatment days per week, length of time for each treatment session, and overall time period for device use between clinical and home settings. Variation in the amplitude and frequency of the electrical pulse is used to mimic and stimulate the different physiologic mechanisms of the voiding response, depending on the type of etiology of incontinence, ie, either detrusor instability, stress incontinence, or a mixed pattern. Magnetic PFS does not require an internal electrode; instead, patients sit fully clothed on a specialized chair with an embedded magnet.

Patients receiving electrical PFS may undergo treatment in a physician's office or physical therapy facility, or patients may undergo initial training in a physician's office followed by home treatment with a rented or purchased pelvic floor stimulator. Magnetic PFS may be delivered in the physician’s office.

PFS was first proposed as a treatment for urinary incontinence and later also proposed as a treatment for fecal incontinence. Incontinence, especially urinary, is a common condition and can have a substantial impact on quality of life. Nonsurgical treatment options for incontinence may include pharmacologic
therapy, pelvic floor muscle exercises, bowel or bladder training exercises, electrical stimulation, and neuromodulation.

**Summary**

**Urinary incontinence**

Findings from multiple RCTs have not found that electrical pelvic floor stimulation used to treat urinary incontinence in women consistently improved the net health outcome compared with placebo or other conservative treatments. Meta-analyses of these RCTs have had mixed findings. There is insufficient evidence on the efficacy of electrical pelvic floor stimulation in the treatment of postprostatectomy incontinence in men, and on the efficacy of magnetic pelvic floor stimulation for treating urinary incontinence in men or women. Thus, electrical or magnetic pelvic floor stimulation as a treatment of urinary incontinence is considered investigational.

**Fecal incontinence**

Several RCTs have been published evaluating electrical pelvic floor stimulation used to treat fecal incontinence. Only 1 trial was sham-controlled, and this did not find that electrical stimulation improved the net health outcome. Systematic reviews of RCTs have not found that electrical stimulation was superior to control interventions for treating fecal incontinence. No studies were identified on magnetic pelvic floor stimulation for treating fecal incontinence. Thus, electrical or magnetic pelvic floor stimulation as a treatment of fecal incontinence is considered investigational.

**Policy History**

<table>
<thead>
<tr>
<th>Date</th>
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<tbody>
<tr>
<td>1/2017</td>
<td>Clarified coding information for the 2017 code changes.</td>
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<tr>
<td>11/2016</td>
<td>New references added from BCBSA National medical policy.</td>
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<tr>
<td>8/2016</td>
<td>Clarified coding information.</td>
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<tr>
<td>6/2015</td>
<td>New references added from BCBSA National medical policy.</td>
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<tr>
<td>5/2013</td>
<td>New references from BCBSA National medical policy.</td>
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<tr>
<td>3/2010</td>
<td>Updated to remove information related to biofeedback for urinary incontinence, as this will be separately addressed under Medical Policy, #173, effective 3/2010.</td>
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<tr>
<td>1/2010</td>
<td>BCBSA National medical policy review. Changes to policy statements.</td>
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References


