MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Medical Policy

Transvaginal and Transurethral Radiofrequency Tissue Remodeling for Urinary Stress Incontinence

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Policy Number: 523

BCBSA Reference Number: 2.01.60A
NCD/LCD: Local Coverage Determination (LCD): Non-covered Services (L33629)

Related Policies

- Periurethral Bulking Agents for the Treatment of Urinary Incontinence, #471
- Biofeedback as a Treatment of Urinary Incontinence in Adults, #173
- Pelvic Floor Stimulation as a Treatment of Urinary Incontinence, #470

Policy

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

Transvaginal radiofrequency bladder neck suspension as a treatment of urinary stress incontinence is **INVESTIGATIONAL**.

Transurethral radiofrequency tissue remodeling as a treatment of urinary stress incontinence is **INVESTIGATIONAL**.

Medicare HMO Blue℠ and Medicare PPO Blue℠ Members

This is not a covered service.

Medical necessity criteria and coding guidance for **Medicare Advantage members living in Massachusetts** can be found through the link(s) below.

Local Coverage Determinations (LCDs) for National Government Services, Inc.

Local Coverage Determination (LCD): Non-covered Services (L33629)

Note: To review the specific LCD, please remember to click “accept” on the CMS licensing agreement at the bottom of the CMS webpage.

For medical necessity criteria and coding guidance for **Medicare Advantage members living outside of Massachusetts**, please see the Centers for Medicare and Medicaid Services website at https://www.cms.gov for information regarding your specific jurisdiction.

Prior Authorization Information

Inpatient

- For services described in this policy, precertification/preauthorization **IS REQUIRED** if the procedure is performed inpatient.

Outpatient

- For services described in this policy, see below for situations where prior authorization might be required if the procedure is performed outpatient.

	Outpatient
Commercial Managed Care (HMO and POS)	This is **not** a covered service.
Commercial PPO and Indemnity	This is **not** a covered service.
Medicare HMO Blue℠	This is **not** a covered service.
Medicare PPO Blue℠	This is **not** a covered service.

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 CPT code is considered investigational for Commercial Members: Managed Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:

CPT Codes

CPT codes:	Code Description
53860	Transurethral, radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence

Description

Urinary stress incontinence, defined as the involuntary loss of urine from the urethra due to an increase in intra-abdominal pressure, is a common condition affecting women in the U.S. Conservative therapy usually includes pelvic floor muscle exercises. Biofeedback, pelvic electrical stimulation, or periurethral bulking agents such as collagen might also be tried. Various surgical options are considered when conservative therapy fails, including most prominently various types of bladder suspension procedures.

Radiofrequency (RF) tissue remodeling with specially designed devices has been explored as a minimally invasive treatment option for urinary stress incontinence. It involves using nonablative levels of RF energy to shrink and stabilize the endopelvic fascia, thus improving the support for the urethra and bladder neck.

Examples of RF devices for the treatment of urinary stress incontinence include the SURx Transvaginal System and Renessa® transurethral radiofrequency system from Novasys Medical Inc. All RF devices for the treatment of urinary stress incontinence are considered investigational regardless of the commercial name, the manufacturer, or FDA approval status.

Summary

There remains insufficient evidence from well-conducted, randomized, controlled trials that either transvaginal or transurethral radiofrequency tissue remodeling improves the net health outcome

compared to a sham procedure or another treatment for stress urinary incontinence. Thus, the treatments are considered investigational.

Policy History

Date	Action
3/2020	Policy updated with literature review through March 1, 2020, no references added. Policy statements unchanged.
12/2015	Clarified coding information.
7/2014	Updated Coding section with ICD10 procedure and diagnosis codes. Effective 10/2015.
5/2013	New references from BCBSA National medical policy.
11/2011-4/2012	Medical policy ICD 10 remediation: Formatting, editing and coding updates. No changes to policy statements.
1/1/2012	New policy describing ongoing non-coverage. Effective 1/1/2011.

Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:
Medical Policy Terms of Use
Managed Care Guidelines
Indemnity/PPO Guidelines
Clinical Exception Process
Medical Technology Assessment Guidelines

References

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2. Ross JW, Galen DI, Abbott K et al. A prospective multisite study of radiofrequency bipolar energy for treatment of genuine stress incontinence. J Am Assoc Gynecol Laparosc 2002; 9(4-Jan):493-9.
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12. American College of Obstetricians and Gynecologists (ACOG). Urinary incontinence in women. Available online at: http://www.guidelines.gov/content.aspx?id=10931. Last accessed January, 2013.