Pelvic Floor Electrical Stimulation as a Treatment of Urinary Incontinence

**Description:**

Pelvic floor electrical stimulation (PFES) is a non-invasive treatment used to treat urinary incontinence. It is thought that stimulation of the pudendal nerve improves urethral closure by activating the pelvic floor musculature. PFES is thought to improve partially denervated urethral and pelvic floor musculature by enhancing the process of reinnervation.

Pelvic floor electrical stimulation with a non-implantable stimulator is delivered generally by vaginal or anal probes connected to an external pulse generator. The electrical stimulation is controlled via a probe wired to a device. Variations 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 (i.e., either detrusor instability, stress incontinence, or a mixed pattern).

Methods of PFES have varied in location (vaginal, rectal), stimulus frequency, stimulus intensity or amplitude, pulse duration, pulse-to-rest ratio, treatments per day, number of treatments per week, length of time for each session, and overall time period for device use between clinical and home settings. Patients receiving PFES may undergo initial training in a physician's office followed by home treatment with a rented or purchased pelvic floor stimulator.

Considering the total body of scientific literature which at times was conflicting either because of study design or low power to detect differences, the Medicare Coverage Advisory Committee panel believed that the empirical evidence presented was inadequate, to determine conclusively, the effectiveness as a primary treatment modality. At the same time, professional societies' consensus statements, expert opinions, and additional analysis strongly suggest the value of pelvic floor electrical stimulation, particularly for those patients who have undergone and failed a trial of pelvic muscle exercise.

According to Medicare policy, pelvic floor electrical stimulators, inserted into the vaginal canal or rectum, are covered as reasonable and necessary as a treatment for stress and/or urge urinary incontinence. The patient must have first undergone and failed a documented trial of pelvic muscle exercise training. These devices are not covered as initial treatment modality for stress or urge incontinence. Implanted stimulators remain noncovered.

In December 2007, the National Institutes of Health convened a Consensus Development Conference, Prevention of Fecal and Urinary Incontinence, and subsequently released a statement. Included in this statement was the following regarding pelvic floor muscle training, and magnetic or electrical stimulation: "Inconsistent low-level evidence from twelve randomized controlled trials did not show that magnetic or electrical stimulation cured or improved urinary incontinence in women better than did sham stimulation or pelvic floor muscle training."

Coverage is provided for BlueCHiP for Medicare members ONLY for the treatment of stress and/or urge urinary incontinence in cognitively intact patients who failed a documented trial of pelvic muscle exercise (PME) training.

Patients must have failed a documented trial of pelvic muscle exercise (PME) training. A failed trial of PME training is defined as no clinically significant improvement in urinary continence after completing four weeks of an ordered plan of pelvic muscle exercises designed to increase periurethral muscle strength.

**Medical criteria:**

Not applicable.
Policy:

Coverage is provided for the treatment of stress and/or urge urinary incontinence for pelvic floor electrical stimulation with a non-implantable stimulator for BlueCHiP for Medicare only.

Pelvic Floor Electrical Stimulation is not medically necessary for BlueCHiP for Rite Care members and a contract exclusion for all other members as clinical efficacy has not been proven.

Coverage:

Benefits may vary between groups/contracts. Please refer to the appropriate member certificate/subscriber agreement/Rite Care contract for applicable "Therapies, Acupuncture and Acupuncturist Services, and Biofeedback" benefits/coverage. Preauthorization is not required or recommended.

Coding:

The following codes are not specific to this policy:
97014
97032

This code is specific to this policy:
E0740

Also known as:

Pelvic floor stimulation
Pelvic floor rehabilitation

Related topics:

Biofeedback

Published:

Policy Update, October 2000
Policy Update, November 2001
Policy Update, December 2005
Policy Update, November 2006
Policy Update, January 2008
Provider Update, October 2008
Provider Update, October 2009

References:


This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgement in the treatment of your patients. Benefits and eligibility are determined by the member’s subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions.

This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice.