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 (For Plans internal use only)

Related Policies
- Sacral nerve neuromodulation/stimulation, #153
- Percutaneous 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.

Prior Authorization Information
Inpatient
- For services described in this policy, precertification/preauthorization IS REQUIRED for all products if the procedure is performed inpatient.

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

<table>
<thead>
<tr>
<th>Outpatient</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial Managed Care (HMO and POS)</td>
<td>This is not a covered service.</td>
</tr>
<tr>
<td>Commercial PPO and Indemnity</td>
<td>This is not a covered service.</td>
</tr>
</tbody>
</table>

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:

**HCPCS Codes**

<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>
</tr>
</tbody>
</table>

**Description**

Pelvic Floor Stimulation

Pelvic floor stimulation (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. Stimulation of the pudendal nerve to activate the pelvic floor musculature may improve urethral closure. In addition, PFS is thought to improve partially denervated urethral and pelvic floor musculature by enhancing the process of reinnervation. 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. Variations in the amplitude and frequency of the electrical pulse are used to mimic and stimulate the different physiologic mechanisms of the voiding response, depending on the etiology of the 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 administered in the physician's office.

**Summary**

**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.

**Summary of Evidence**

For individuals who have urinary incontinence who receive electrical PFS, the evidence includes systematic reviews of randomized controlled trials (RCTs). Relevant outcomes are symptoms, change in disease status, quality of life, and treatment-related morbidity. Findings from systematic reviews have not found that electrical PFS used to treat urinary incontinence in women consistently improves the net health outcome compared with placebo or other conservative treatments. Moreover, meta-analyses of RCTs have not found a significant benefit of electrical PFS in men with postprostatectomy incontinence compared with a control intervention. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

For individuals who have fecal incontinence who receive electrical PFS, the evidence includes RCTs and systematic reviews. Relevant outcomes are symptoms, change in disease status, quality of life, and treatment-related morbidity. Among the RCTs that have evaluated electrical PFS as a treatment for fecal incontinence, only 1 trial was sham-controlled, and it did not find that electrical stimulation improved the net health outcome. Systematic reviews of RCTs have not found that electrical stimulation is superior to
control interventions for treating fecal incontinence. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

For individuals who have urinary incontinence who receive magnetic PFS, the evidence includes RCTs and a systematic review. Relevant outcomes are symptoms, change in disease status, quality of life, and treatment-related morbidity. A systematic review of RCTs on magnetic PFS for urinary incontinence in women concluded that the evidence was insufficient due to the following factors: a low number of trials with short-term follow-up, methodologic limitations, as well as heterogeneity in patient populations, interventions, and outcomes reported. One RCT evaluating magnetic stimulation for treating men with postprostatectomy urinary incontinence reported short-term results favoring magnetic PFS; however, the trial was small and lacked a sham comparator. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

For individuals who have fecal incontinence who receive magnetic PFS, no relevant evidence was identified. Relevant outcomes are symptoms, change in disease status, quality of life, and treatment-related morbidity. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

**Policy History**

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
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<tbody>
<tr>
<td>10/2022</td>
<td>Annual policy review. Description, summary, and references updated. Policy statements unchanged.</td>
</tr>
<tr>
<td>9/2021</td>
<td>Annual policy review. Description, summary, and references updated. Policy statements unchanged.</td>
</tr>
<tr>
<td>1/2021</td>
<td>Medicare information removed. See MP #132 Medicare Advantage Management for local coverage determination and national coverage determination reference.</td>
</tr>
<tr>
<td>10/2020</td>
<td>Annual policy review. Description, summary, and references updated. Policy statements unchanged.</td>
</tr>
<tr>
<td>10/2019</td>
<td>Annual policy review. Description, summary, and references updated. Policy statements unchanged.</td>
</tr>
<tr>
<td>10/2018</td>
<td>Annual policy review. Description, summary, and references updated. Policy statements unchanged.</td>
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<tr>
<td>1/2017</td>
<td>Clarified coding information for the 2017 code changes.</td>
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<tr>
<td>8/2016</td>
<td>Clarified coding information.</td>
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<tr>
<td>5/2013</td>
<td>Annual policy review. New references added.</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>Annual policy review. Changes to policy statements.</td>
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<tr>
<td>6/2009</td>
<td>Annual policy review. No changes to policy statements.</td>
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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