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 (For Plan internal use only)

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.

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.

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

<table>
<thead>
<tr>
<th>CPT codes:</th>
<th>Code Description</th>
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<tbody>
<tr>
<td>53860</td>
<td>Transurethral, radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence</td>
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</table>

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
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<tbody>
<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>3/2020</td>
<td>Policy updated with literature review through March 1, 2020, no references added. Policy statements unchanged.</td>
</tr>
<tr>
<td>12/2015</td>
<td>Clarified coding information.</td>
</tr>
<tr>
<td>7/2014</td>
<td>Updated Coding section with ICD10 procedure and diagnosis codes. Effective 10/2015.</td>
</tr>
<tr>
<td>5/2013</td>
<td>Annual policy review. New references added.</td>
</tr>
</tbody>
</table>

Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:
References


