

**Urinary Incontinence Evaluation and Treatment**

**Medical Coverage Policy**

**Effective Date:** 12/03/2019  
**Revision Date:** 12/03/2019  
**Review Date:** 12/03/2019  
**Policy Number:** HCS-0407-029

Change Summary: Updated Description, Coverage Determination, Coverage Limitations, Background, Provider Claims Codes, Medical Terms, References, Title

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**Description**

Urinary incontinence (UI) is the involuntary leakage of urine, which may be caused by aging, disease, post-surgical complications, trauma or other conditions. The two most common types of UI are:

- **Stress urinary incontinence (SUI)** is the involuntary loss of urine without a bladder contraction which occurs when the muscles and tissues around the bladder (eg, pelvic floor, sphincter) get weak or do not work. Urine may leak when there is pressure exerted on the bladder through actions like coughing or sneezing.


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Urge urinary incontinence (UUI) is the involuntary loss of urine associated with a bladder contraction. It is a sudden, overwhelming urge to urinate due to involuntary contractions of the muscular wall of the bladder, which may cause an unintentional loss of urine. Frequent urination, including nocturia, can also occur.

Other types of UI include, but may not be limited to, mixed incontinence which may present with symptoms of both stress and urge incontinence and overflow incontinence which occurs when the bladder does not empty completely causing leakage if the bladder becomes overly full.

Overactive bladder (OAB) represents the disruptive urge to urinate without urine leakage.

Treatment for UI or OAB depends on the type of incontinence and the underlying cause; therefore, prior to treatment, an evaluation must be performed. The initial assessment includes gathering the individual’s history, conducting a physical exam, performing a cough stress test, measuring post-void residual volume and running a urinalysis. Additional tests may then be performed (ie, cystoscopy, urodynamic testing), especially for those where surgical intervention is being considered.

Examples of UI or OAB treatments include, but may not be limited to:

Artificial urinary sphincter involves the implantation of an artificial valve in the genitourinary tract to restore continence.

Bed wetting alarms are devices that sense urine and set off an alarm so that an individual can wake up to use the toilet. (Refer to Coverage Limitations section)

Behavioral training provides education in regards to exercises, muscle control as well as relaxation techniques to control incontinence.

Bladder support surgeries are performed using a variety of open, laparoscopic or needle suspension techniques to help restore continence. Suburethral mesh placement (with tension-free vaginal tape [TVT]) is far more common. However, procedures to secure the bladder neck using sutures (eg, Burch colposuspension, Marshall-Marchetti-Krantz [MMK]) and more outdated needle suspension

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techniques (eg, Stamey, Raz, modified Pereyra procedures) to help obtain normal bladder position may also be utilized.

**Biofeedback** is a training technique that uses an external sensor to provide an indication of bodily processes and teaches the individual to contract the urinary sphincter in response to the urge to urinate, which may help strengthen the sphincter.

**Bladder training** is a method that includes timed voiding, keeping a diary and gradually increasing the time between voids so an individual can learn to manage UI.

**Botox injection** (For information regarding Botox, please refer to Botox [Botulinum Toxin] Pharmacy Coverage Policy).

**Diet modification** involves changing those things that may cause an increase in the urge to urinate which includes, but may not be limited to, eliminating caffeine in coffee, soda, tea and/or alcohol in addition to avoiding liquids at bedtime.

**Extracorporeal magnetic innervation (ExMI)** (eg, NeoControl Pelvic Floor Therapy System) purportedly utilizes magnetic fields to stimulate the nerves of the pelvic floor or the sacral nerve roots which supposedly results in the contraction of the pelvic muscles. (Refer to Coverage Limitations section)

**Laser therapy** has been proposed as a minimally invasive treatment for SUI as well as pelvic organ prolapse (POP) (eg, IncontiLase, FemTouch). The two types of lasers currently being studied are Er: YAG and CO₂. The controlled heat from the lasers reportedly cause reconstruction and remodeling of the collagen; thereby, providing support to the pelvic floor structures.²³ (Refer to Coverage Limitations section)

**Nonimplanted pelvic floor electrical stimulation** are rehabilitative devices that deliver small amounts of electrical stimulation to the nerves and muscles of the pelvic floor and bladder via a probe that is placed in the vagina, transurethral catheter or via surface electrodes. Some of the systems also provide visual biofeedback. The ultimate goal is that the electrical stimulation will strengthen muscles and retrain the bladder. These systems are often utilized in clinic based settings (eg, Detrusan, UROSTYM), but depending on the type, some are now being
Pelvic floor exercises (eg, Kegel exercises, pelvic muscle rehabilitation) are a daily training program for the muscles that support the uterus, bladder and other pelvic organs to strengthen pelvic muscles to prevent accidental urine leakage.

Percutaneous tibial nerve stimulation (PTNS) involves stimulation of the tibial nerve which travels to the sacral nerve plexus. This is believed to lead to improvements in voiding function, urgency and control. There are now two methods that have been introduced for this type of intervention, however one is still in the early stages of development.

- **Nonimplanted PTNS (eg, NURO System, Urgent PC)** – With this minimally invasive technique, fine-needle electrodes are placed externally near the tibial nerve above the ankle. The electrode then carries electrical impulses from a stimulator to the sacral nerve plexus. This typically involves one 30-minute session per week, for 10-12 weeks, occurring in a clinical setting.24

- **Implanted PTNS (eg, CAN-Stim System, RENOVA, StimRouter)** is being explored as an option for those with OAB and associated symptoms. There are two versions for this technology – one where the implantable lead is placed through a small surgical incision and another where the lead is injected through a special delivery system under ultrasound guidance. An external device or electrode is then worn around the ankle during treatment and the physician will set the stimulation parameters in advance so that the individual can conduct treatments at home in 30-minute sessions each day. (Refer to Coverage Limitations)

Periurethral bulking agents (eg, Coaptite, Contigen, Durasphere EXP, Macroplastique) is a procedure that involves the injection of collagen or other substances into the vicinity of the urinary sphincter which increases the tissue bulk, thereby increasing pressure in the urethra to maintain continence.

Sacral nerve stimulation (eg, Axonics Sacral Neuromodulation System, InterStim, InterStim II) is a procedure which involves the implantation of electrodes near the sacral nerve, which controls the function of the muscles required for urination.
Stem cell transplantation is being proposed as a possible treatment for SUI. Examples of types of stem cells being researched include, but may not be limited to, bone marrow-derived, mesenchymal, muscle-derived cells and umbilical cord blood cells.\(^\text{13}\) (Refer to Coverage Limitations section)

Suburethral mesh placement (more commonly referred to as a sling procedure) involves the use of synthetic (eg, single incision sling [SIS], tension-free vaginal tape [TVT], transobturator tape [TOT]) and nonsynthetic materials to aid in the support of the urethral sphincter. These devices are placed under the urethra and act as a hammock to support the urethra and the bladder neck and prevent downward rotation of these structures.

Transperineal implantation of permanent adjustable balloon continence device (eg, ProACT Therapy, ACT Therapy) consists of two adjustable balloon implants that are bilaterally placed via perineal approach. The fluid filled balloons reportedly provide pressure and support at the bladder neck, which purportedly prevents bladder leakage. Titanium ports attached via tubing to each balloon are placed in the scrotum, which allows for postoperative volume adjustment. This device is indicated for adult men who have stress urinary incontinence arising from intrinsic sphincter deficiency of at least 12 months duration following radical prostatectomy or transurethral resection of the prostate (TURP) and who have failed to respond adequately to conservative therapy. ACT Therapy, for use in women, is not yet available in the United States. (Refer to Coverage Limitations section)

Transurethral radiofrequency ablation (eg, Renessa procedure) utilizes controlled heat that is applied from a radiofrequency device to supposedly denature the collagen in the tissues of the lower urinary tract. After healing, the tissue is reportedly firmer which increases resistance to involuntary leakage. (Refer to Coverage Limitations section)

Urinary prosthesis (eg, inFlow Intraurethral Valve-Pump) is a device that reportedly is designed for use in women with impaired detrusor contractility (IDC). Individuals diagnosed with IDC are unable to spontaneously urinate because of insufficient bladder muscle contractions, which can be caused from conditions including, but not limited to, multiple sclerosis, spinal cord injury or stroke. The prosthesis is initially inserted by a physician. It is suggested in order to use the device; the individual sits on the toilet, holds the activator over the lower pelvic
area and presses the button which opens the valve and activates the pump, supposedly emptying the bladder. Purportedly, releasing the button closes the valve and stops the flow of urine.⁴⁸ (Refer to Coverage Limitations section)

Vaginal pessaries are rigid, intravaginal devices that support the bladder neck where the urethra joins the bladder in an effort to reduce incontinence.

For information regarding smartphone apps for incontinence training programs or devices, please refer to the Direct-to-Consumer (DTC) Laboratory Testing and Mobile Health (mHealth) Applications Medical Coverage Policy.

For information regarding fecal incontinence, please refer to Fecal Incontinence Treatments Medical Coverage Policy.

Coverage Determination

All requests for PTNS for urinary incontinence require review by a medical director.

Any services for urinary incontinence that are considered primarily educational or training in nature are generally NOT covered under most Humana benefit Plans.

Please refer to the member’s applicable pharmacy benefit to determine benefit availability and the terms and conditions of coverage for medication for the treatment of urinary incontinence.

Services provided by a psychiatrist, psychologist or other behavioral health professionals are subject to the provisions of the applicable behavioral health benefit.

STRESS URINARY INCONTINENCE (SUI)
Humana members may be eligible for the following types of diagnostic testing for stress urinary incontinence (SUI):

- Initial diagnostic testing for SUI includes the following:
  - History and physical exam; AND
• Measurement of post-void residual volume; **AND**

• Positive cough stress test (during physical examination and/or during cystometry); **AND**

• Urinalysis$^5$

After initial diagnostic testing above has been performed, **urodynamic testing for SUI may** be performed for the following indications:

• Etiology of incontinence is unclear; **OR**
• Incontinence refractory to **conservative management**; **OR**
• Previous pelvic floor surgery or prostatectomy$^5,12$

After initial diagnostic testing above has been performed, **cystoscopy for SUI may** be performed for the following indications:

• Acute onset incontinence; **OR**
• Incontinence refractory to **conservative management**; **OR**
• Presence of microscopic hematuria; **OR**
• Recurrent urinary tract infection; **OR**
• Suspicion of bladder neck contracture, foreign body or urethral stricture after a previous surgery (eg, gynecologic surgery or prostatectomy)$^5,12$

**Conservative management** for SUI should include **a minimum of two therapies** over a 60 day period. Conservative management therapies for SUI include, but may not be limited to:

• Behavioral training (May be excluded by the member’s individual certificate as educational therapy); **OR**

• Biofeedback (May be excluded by the member’s individual certificate as alternative medicine); **OR**

• Bladder training (May be excluded by the member’s individual certificate as educational therapy); **OR**
Humana members may be eligible under the Plan for the following treatments for SUI after appropriate testing as outlined above has confirmed a diagnosis of SUI and there has been a failure of, contraindication to or intolerance of two conservative management therapies over a 60 day period:

- Artificial urinary sphincter implantation; OR
- Bladder support surgeries (eg, Burch colposuspension, MMK procedure, Raz procedure, Stamey procedure, modified Pereyra procedure); OR
- Periurethral bulking agents (eg, Coaptite, Contigen, Durasphere EXP, Macroplastique); OR
- Suburethral mesh placement (sling procedure)*

*For individuals with a confirmed diagnosis of SUI, failure of two conservative management therapies are not required for suburethral mesh placement (sling procedures) ONLY when performed in conjunction with pelvic organ prolapse surgery (eg, anterior colporrhaphy [cystocele repair], posterior colporrhaphy [rectocele repair]).
Note: Per the American Urological Association (AUA), intraoperative cystoscopy should be performed during all synthetic sling procedures to identify urinary tract injury.10

**URGE URINARY INCONTINENCE (UUI)/OVERACTIVE BLADDER (OAB)**
Humana members may be eligible for the following types of diagnostic testing for urge urinary incontinence (UUI)/overactive bladder (OAB):

**Initial diagnostic testing for UUI/OAB** includes the following:

- History and physical exam; **AND**
- Urinalysis

After **initial diagnostic testing** above has been performed, **urodynamic testing for UUI/OAB may** be performed for the following indications:

- Etiology of incontinence is unclear; **OR**
- Incontinence refractory to **conservative management**; **OR**
- Previous pelvic floor surgery or prostatectomy5, 12

After **initial diagnostic testing** above has been performed, **cystoscopy for UUI/OAB may** be performed for the following indications:

- Acute onset incontinence; **OR**
- Incontinence refractory to **conservative management**; **OR**
- Presence of microscopic hematuria; **OR**
- Recurrent urinary tract infection; **OR**
- Suspicion of bladder neck contracture, foreign body or urethral stricture after a previous surgery (eg, gynecologic surgery or prostatectomy)5, 12

**Conservative management** should include a minimum of two therapies over a 60 day period. Conservative management for **UUI/OAB** includes, but may not be limited to:

- Behavioral training (May be excluded by the member’s individual certificate as educational therapy); **OR**
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- Biofeedback (May be excluded by the member’s individual certificate as alternative medicine); OR
- Bladder training (May be excluded by the member’s individual certificate as educational therapy); OR
- Diet modification (eg, fluid management, decrease caffeine intake) (May be excluded by the member’s individual certificate as educational therapy); OR
- Nonimplanted pelvic floor electrical stimulators for use in a clinical setting (eg, Detrusan, UROSTYM) (May be excluded by the member’s individual certificate as alternative medicine); OR
- Nonimplanted pelvic floor electrical stimulators for use in a home setting (eg, Apex, Attain) (May be excluded by the member’s individual certificate as over-the-counter); OR
- Pelvic floor exercise therapy (May be excluded by the member’s individual certificate as educational therapy); OR
- Pessary device; OR
- Pharmacotherapy (eg, anticholinergic/antispasmodic medications)

Humana members may be eligible under the Plan for the following treatments for UUI/OAB after appropriate testing as outlined above has confirmed a diagnosis of UUI/OAB and the following criteria are met:

- Botox injection (For information regarding coverage determination/limitations, please refer to Botox [Botulinum Toxin] Pharmacy Coverage Policy).

- Nonimplanted PTNS (eg, NURO System, Urgent PC) when the following criteria are met (ALWAYS requires review by a medical director):
  - Absence of contraindications listed in the Coverage Limitations section; AND
  - Appropriate testing confirms a diagnosis of UUI/OAB; AND

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- At least 12 months of symptoms where the frequency and/or severity of UUI/OAB symptoms have impacted daily activities; AND

- Failure of, contraindication to or intolerance to a minimum of two conservative management therapies, including pharmacotherapy, over a 60 day period; AND

- If the above criteria are met:
  - A total of 12 treatments (one per week) will be initially approved
  - If there is a 50% decrease in symptoms as evidenced by a daily urolog (ie, record of bladder events, voiding diary), an additional nine months of treatment (one per month) may be approved subject to continued improvement
  - Treatments after 12 months are considered experimental/investigational (Refer to Coverage Limitations section); OR

- Sacral nerve stimulation (eg, Axonics Sacral Neuromodulation System, InterStim, InterStim II) when all the following criteria are met (ALWAYS requires review by a medical director):
  - Absence of contraindications listed in the Coverage Limitations section; AND
  - Appropriate testing confirms a diagnosis of UUI/OAB; AND
  - At least 12 months of symptoms where the frequency and/or severity of UUI/OAB symptoms have impacted daily activities; AND
  - Failure of, contraindication to or intolerance to a minimum of two conservative management therapies, including pharmacotherapy, over a 60 day period; AND
  - Permanent implantation of a sacral nerve stimulator requires a prior trial test stimulation that demonstrates a documented 50% or greater improvement in incontinence symptoms

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**Note:** The criteria for urinary incontinence treatments are not consistent with the Medicare National Coverage Policy, and therefore may not be applicable to Medicare members. Refer to the CMS website for additional information.

### Coverage Limitations

Humana members may **NOT** be eligible under the Plan for urinary incontinence treatments for any indications other than those listed above including, but may not be limited to:

- Extracorporeal magnetic innervation (ExMI) (eg, NeoControl Pelvic Floor Therapy System); OR

- **Implanted** percutaneous tibial nerve stimulation (PTNS) (eg, CAN-Stim System, RENOVA, StimRouter); OR

- Laser procedures (eg, IncontiLase, FemTouch); OR

- **Nonimplanted** percutaneous tibial nerve stimulation (PTNS) (eg, NURO System, Urgent PC) for any indication not listed above OR if used longer than 12 months; OR

- Sacral nerve stimulation (eg, Axonics Sacral Neuromodulation System, InterStim, InterStim II) for any indication not listed above OR if the following contraindications are present:
  - Bilateral stimulation; OR
  - Bladder capacity less than 100 ml; OR
  - Bladder outlet obstruction present (eg, prostate hypertrophy, urethral stricture); OR
  - Individual not capable of operating the device; OR
  - Less than 16 years of age; OR
  - Pregnancy, unborn fetus and delivery; OR
  - Presence of progressive, systemic neurologic diseases\(^\text{64, 74}\); OR

- Stem cell transplantation; OR

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• Transperineal implantation of permanent adjustable balloon continence device (eg, ProACT system, ACT system); OR

• Transurethral radiofrequency ablation (eg, Renessa procedure); OR

• Urinary prosthesis (eg, inFlow Intraurethral Valve Pump)

These are considered experimental/investigational as they are not identified as widely used and generally accepted for any other proposed use as reported in nationally recognized peer-reviewed medical literature published in the English language.

Humana members may NOT be eligible under the Plan for enuresis (bed wetting), alarms. This is considered not medically necessary as defined in the member’s individual certificate. Please refer to the member’s individual certificate for the specific definition.

Humana members may NOT be eligible under the Plan for vaginal tactile imaging (or biomechanical transvaginal mapping). This is considered experimental/investigational as it is not identified as widely used and generally accepted for the proposed use as reported in nationally recognized peer-reviewed medical literature published in the English language.

Humana members may NOT be eligible under the Plan for UI devices (eg, nonimplantable muscle stimulators utilized outside of a clinical setting [eg, Apex, Attain]) or supplies (eg, hygienic items, incontinence garments [eg, briefs, diapers, pads, penile wraps, underpads] and urethral inserts) for any indication. Although they may be prescribed by a health care practitioner, these UI devices and supplies are available without a prescription and may be obtained over-the-counter (OTC) and are generally contractually excluded. In the absence of a contractual exclusion for OTC items, these UI devices and supplies are considered not medically necessary as defined in the member’s individual certificate. Please refer to the member’s individual certificate for the specific definition.

Background

Additional information about urinary incontinence may be found from the following websites:

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Alternatives to urinary incontinence treatments include, but may not be limited to:

- Absorbent products (may not be covered under all Plans)
- Catheters
- External collection devices
- Penile clamps (Cunningham clamp)

Physician consultation is advised to make an informed decision based on an individual’s health needs.

Provider Claims Codes

Any CPT, HCPCS or ICD codes listed on this medical coverage policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and or reimbursement for a service or procedure.

<table>
<thead>
<tr>
<th>CPT® Code(s)</th>
<th>Description</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>38240</td>
<td>Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor</td>
<td>Not Covered if used to report any treatment outlined in Coverage Limitations section</td>
</tr>
<tr>
<td>38241</td>
<td>Hematopoietic progenitor cell (HPC); autologous transplantation</td>
<td>Not Covered if used to report any treatment outlined in Coverage Limitations section</td>
</tr>
<tr>
<td>51715</td>
<td>Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck</td>
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</tr>
<tr>
<td>51840</td>
<td>Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch); simple</td>
<td></td>
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</table>

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<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>51841</td>
<td>Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch); complicated (eg, secondary repair)</td>
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<tr>
<td>51845</td>
<td>Abdomino-vaginal vesical neck suspension, with or without endoscopic control (eg, Stamey, Raz, modified Pereyra)</td>
</tr>
<tr>
<td>51990</td>
<td>Laparoscopy, surgical; urethral suspension for stress incontinence</td>
</tr>
<tr>
<td>51992</td>
<td>Laparoscopy, surgical; sling operation for stress incontinence (eg, fascia or synthetic)</td>
</tr>
<tr>
<td>53440</td>
<td>Sling operation for correction of male urinary incontinence (eg, fascia or synthetic)</td>
</tr>
<tr>
<td>53442</td>
<td>Removal or revision of sling for male urinary incontinence (eg, fascia or synthetic)</td>
</tr>
<tr>
<td>53444</td>
<td>Insertion of tandem cuff (dual cuff)</td>
</tr>
<tr>
<td>53445</td>
<td>Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff</td>
</tr>
<tr>
<td>53446</td>
<td>Removal of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff</td>
</tr>
<tr>
<td>53447</td>
<td>Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff at the same operative session</td>
</tr>
<tr>
<td>53448</td>
<td>Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff through an infected field at the same operative session including irrigation and debridement of infected tissue</td>
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<tr>
<td>53449</td>
<td>Repair of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff</td>
</tr>
<tr>
<td>53860</td>
<td>Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence</td>
</tr>
<tr>
<td>53899</td>
<td>Unlisted procedure, urinary system</td>
</tr>
<tr>
<td>57287</td>
<td>Removal or revision of sling for stress incontinence (eg, fascia or synthetic)</td>
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</tbody>
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53899 and 57287 are **Not Covered** if used to report any treatment outlined in Coverage Limitations section.

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<tbody>
<tr>
<td>57288</td>
<td>Sling operation for stress incontinence (eg, fascia or synthetic)</td>
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<tr>
<td>58999</td>
<td>Unlisted procedure, female genital system (nonobstetrical)</td>
<td></td>
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<tr>
<td>64561</td>
<td>Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed</td>
<td></td>
</tr>
<tr>
<td>64566</td>
<td>Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming</td>
<td>Not Covered if used to report any treatment outlined in Coverage Limitations section</td>
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<tr>
<td>64581</td>
<td>Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)</td>
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<tr>
<td>64585</td>
<td>Revision or removal of peripheral neurostimulator electrode array</td>
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<tr>
<td>64590</td>
<td>Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling</td>
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</tr>
<tr>
<td>64595</td>
<td>Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver</td>
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<tr>
<td>90911</td>
<td>Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry</td>
<td>Deleted Code Effective 12/31/2019</td>
</tr>
<tr>
<td>90912</td>
<td>Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient</td>
<td>New Code Effective 01/01/2020</td>
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<tr>
<td>90913</td>
<td>Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (List separately in addition to code for primary procedure)</td>
<td>New Code Effective 01/01/2020</td>
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<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>95970</td>
<td>Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain, cranial nerve, spinal cord, peripheral nerve, or sacral nerve, neurostimulator pulse generator/transmitter, without programming</td>
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<tr>
<td>95971</td>
<td>Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional</td>
<td></td>
</tr>
<tr>
<td>95972</td>
<td>Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional</td>
<td></td>
</tr>
<tr>
<td>97014</td>
<td>Application of a modality to 1 or more areas; electrical stimulation (unattended)</td>
<td>Not Covered if used to report any treatment outlined in Coverage Limitations section</td>
</tr>
</tbody>
</table>
### Urinary Incontinence Evaluation and Treatment

**Effective Date:** 12/03/2019  
**Revision Date:** 12/03/2019  
**Review Date:** 12/03/2019  
**Policy Number:** HCS-0407-029  
**Page:** 18 of 39

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<table>
<thead>
<tr>
<th>CPT® Category III Code(s)</th>
<th>Description</th>
<th>Comments</th>
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<tbody>
<tr>
<td>97032</td>
<td>Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes</td>
<td>Not Covered if used to report any treatment outlined in Coverage Limitations section</td>
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<tr>
<td>0487T</td>
<td>Biomechanical mapping, transvaginal, with report</td>
<td>Not Covered</td>
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<tr>
<td>0548T</td>
<td>Transperineal periurethral balloon continence device; bilateral placement, including cystoscopy and fluoroscopy</td>
<td>New Code Effective 07/01/2019</td>
</tr>
<tr>
<td>0549T</td>
<td>Transperineal periurethral balloon continence device; unilateral placement, including cystoscopy and fluoroscopy</td>
<td>New Code Effective 07/01/2019</td>
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<tr>
<td>0550T</td>
<td>Transperineal periurethral balloon continence device; removal, each balloon</td>
<td>Not Covered</td>
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<tr>
<td>0551T</td>
<td>Transperineal periurethral balloon continence device; adjustment of balloon(s) fluid volume</td>
<td>New Code Effective 07/01/2019</td>
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<tr>
<td>0587T</td>
<td>Percutaneous implantation or replacement of integrated single device neurostimulation system including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve</td>
<td>Not Covered</td>
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<tr>
<td>0588T</td>
<td>Revision or removal of integrated single device neurostimulation system including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve</td>
<td>Not Covered</td>
</tr>
</tbody>
</table>

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<table>
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<tr>
<th>HCPCS Code(s)</th>
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<th>Comments</th>
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<tbody>
<tr>
<td>A4290</td>
<td>Sacral nerve stimulation test lead, each</td>
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<tr>
<td>A4335</td>
<td>Incontinence supply; miscellaneous</td>
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<tr>
<td>A4336</td>
<td>Incontinence supply, urethral insert, any type, each</td>
<td>Not Covered</td>
</tr>
<tr>
<td>A4520</td>
<td>Incontinence garment, any type, (e.g., brief, diaper), each</td>
<td>Not Covered</td>
</tr>
<tr>
<td>A4553</td>
<td>Non-disposable underpads, all sizes</td>
<td>Not Covered</td>
</tr>
<tr>
<td>A4554</td>
<td>Disposable underpads, all sizes</td>
<td>Not Covered</td>
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<tr>
<td>A9286</td>
<td>Hygienic item or device, disposable or non-disposable, any type, each</td>
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<tr>
<td>C1762</td>
<td>Connective tissue, human (includes fascia lata)</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Coverage Status</td>
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<tr>
<td>C1815</td>
<td>Prosthesis, urinary sphincter (implantable)</td>
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<tr>
<td>C1816</td>
<td>Receiver and/or transmitter, neurostimulator (implantable)</td>
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<tr>
<td>C1883</td>
<td>Adaptor/extension, pacing lead or neurostimulator lead (implantable)</td>
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<tr>
<td>C1897</td>
<td>Lead, neurostimulator test kit (implantable)</td>
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<tr>
<td>C2631</td>
<td>Repair device, urinary, incontinence, without sling graft</td>
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<tr>
<td>C9746</td>
<td>Transperineal implantation of permanent adjustable balloon contience device, with cystourethroscopy, when performed and/or fluoroscopy, when performed</td>
<td>Not Covered Deleted Code Effective 06/30/2019</td>
</tr>
<tr>
<td>E0740</td>
<td>Non-implanted pelvic floor electrical stimulator, complete system</td>
<td>Not Covered if used to report any treatment outlined in Coverage Limitations section</td>
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<tr>
<td>E1399</td>
<td>Durable medical equipment, miscellaneous</td>
<td>Not Covered if used to report any device outlined in Coverage Limitations section</td>
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<tr>
<td>L8603</td>
<td>Injectable bulking agent, collagen implant, urinary tract, 2.5 ml syringe, includes shipping and necessary supplies</td>
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<tr>
<td>L8604</td>
<td>Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, urinary tract, 1 ml, includes shipping and necessary supplies</td>
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<tr>
<td>L8606</td>
<td>Injectable bulking agent, synthetic implant, urinary tract, 1 ml syringe, includes shipping and necessary supplies</td>
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<tr>
<td>L8680</td>
<td>Implantable neurostimulator electrode, each</td>
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<tr>
<td>L8681</td>
<td>Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only</td>
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<tr>
<td>L8682</td>
<td>Implantable neurostimulator radiofrequency receiver</td>
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<tr>
<td>L8683</td>
<td>Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver</td>
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</tr>
</tbody>
</table>

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<thead>
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<th>Code</th>
<th>Description</th>
<th>Coverage Status</th>
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<tbody>
<tr>
<td>L8684</td>
<td>Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement</td>
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<tr>
<td>L8685</td>
<td>Implantable neurostimulator pulse generator, single array, rechargeable, includes extension</td>
<td></td>
</tr>
<tr>
<td>L8686</td>
<td>Implantable neurostimulator pulse generator, single array, nonrechargeable, includes extension</td>
<td></td>
</tr>
<tr>
<td>L8687</td>
<td>Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension</td>
<td></td>
</tr>
<tr>
<td>L8688</td>
<td>Implantable neurostimulator pulse generator, dual array, nonrechargeable, includes extension</td>
<td></td>
</tr>
<tr>
<td>L8689</td>
<td>External recharging system for battery (internal) for use with implantable neurostimulator, replacement only</td>
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<tr>
<td>L8695</td>
<td>External recharging system for battery (external) for use with implantable neurostimulator, replacement only</td>
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</tr>
<tr>
<td>S2142</td>
<td>Cord blood-derived stem-cell transplantation, allogeneic</td>
<td>Not Covered if used to report any treatment outlined in Coverage Limitations section</td>
</tr>
<tr>
<td>S2150</td>
<td>Bone marrow or blood-derived stem cells (peripheral or umbilical), allogeneic or autologous, harvesting, transplantation, and related complications; including: pheresis and cell preparation/storage; marrow ablative therapy; drugs, supplies, hospitalization with outpatient follow-up; medical/surgical, diagnostic, emergency, and rehabilitative services; and the number of days of pre- and posttransplant care in the global definition</td>
<td>Not Covered if used to report any treatment outlined in Coverage Limitations section</td>
</tr>
<tr>
<td>S8270</td>
<td>Enuresis alarm, using auditory buzzer and/or vibration device</td>
<td>Not Covered</td>
</tr>
<tr>
<td>T4545</td>
<td>Incontinence product, disposable, penile wrap, each</td>
<td>Not Covered</td>
</tr>
</tbody>
</table>

Click [here](#) to view ICD-10-CM code(s) associated with this medical coverage policy.

**Medical Terms**  
**Ablation** – Removal of material from the surface of an organ, structure or part by vaporization, scraping or other erosive process.

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Anticholinergic – Blocking the passage impulses through the parasympathetic nerves.

Antispasmodic – Agent that prevents or relieves spasms.

Anus – The opening at the lower end of the alimentary canal through which solid waste is eliminated from the body.

Bladder – Refers to a hollow muscular balloon-shaped organ that stores urine until it is excreted from the body.

Burch Colposuspension – Surgical procedure that is utilized to support the bladder neck by elevating the vagina using sutures.

Catheter – Flexible or rigid hollow tube employed to drain fluids from body cavities or to distend body passages, especially one for passing into the bladder through the urethra to draw off urine.

Collagen – Major protein found in the connective tissue of cartilage and bone.

Connective Tissue – Tissue that connects, supports, binds or encloses the structures of the body. Connective tissue is made up of cells embedded in extracellular matrix and includes bones, cartilage, mucous membranes, fat and blood.

Cough Stress Test – Exam in which an individual is asked to fill their bladder by drinking water and then asked to cough or strain to assess for the presence of leaking urine. This test can be performed in the office or incorporated into more elaborate urodynamic testing.

Cystometry – Measures the bladder pressure by measuring how much the bladder can hold, how much pressure builds up inside the bladder as it stores urine and how full it is when there is an urge to urinate.

Cystoscope – Long, thin instrument with an eyepiece on the external end and a tiny lens and a light on the end that is inserted into the bladder.
Cystoscopy – An examination of the inside of the bladder and urethra using a cystoscope.

Electrode – Electrical lead or wire attached to any electronic device or circuit through which current may flow in or out.

Electromyography – Test utilizing special sensors to measure the electrical activity of the muscles and nerves in and around the bladder or sphincters.

Etiology – Cause or origin of a disease or medical condition.

Extracorporeal – Refers to something which is outside of the body.

Genitourinary – Refers to the reproductive and urinary systems, especially in men, in whom the two systems share some organs in common.

Innervation – The amount or degree of stimulation of a muscle or organ by nerves.

Intraurethral – Situated within or done in the urethra.

Intrinsic Sphincter Deficiency (ISD) – Occurs when there is a weakness in the urethral sphincter. Causes include, but may not be limited to, genetics, nerve damage from prior surgeries or neurological disorders.

Involuntary – Independent of one’s will; not by one’s own choice.

Kegel Exercise – Exercise of the pelvic floor muscles used to strengthen the muscles which support the urethra, bladder, uterus and rectum.

Marshall-Marchetti-Krantz (MMK) Procedure – A procedure that surgically reinforces the bladder neck in order to prevent unintentional urine loss.

Mesenchymal – Type of tissue which develops into connective and skeletal tissues, including blood and lymph.
Modified Pereyra Procedure – Retropubic technique for correction anatomic stress urinary incontinence by restoring the normal retropubic position of the urethrovesical junction.

Pelvic Floor – The muscular area in the lower part of the abdomen, attached to the pelvis.

Pharmacotherapy – Treatment that uses one or more medications.

Percutaneous – Passing through the skin.

Perineal – The diamond-shaped area corresponding to the outlet of the pelvis, containing the anus and the vulva or the roots of the penis.

Periurethral – Located about the urethra.

Plexus – Network of nerves.

Post Void Residual Volume – Amount of remaining urine in the bladder after urination.

Prostate Gland – Gland in the male reproductive system found just below the urinary bladder that surrounds part of the urethra (the tube that carries urine from the bladder to outside the body).

Prostatectomy – Surgical removal of the prostate gland.

Prosthesis – Artificial substitute for a missing body part.

Radiofrequency – Invasive procedure that involves heating tissue in order to destroy it.

Raz Procedure – Needle suspension technique that corrects urethral and bladder neck hypermobility through a U-shaped incision made in the vaginal wall and bands of fibrous tissue around the bladder neck and urethra are released; a needle is then passed through the incision and the suspending sutures pulled, lifting the front of the vagina and urethra.
Rectum – The comparatively straight, terminal section of the intestine, ending in the anus.

Refractory – Resistant to treatment or cure.

Retropubic – Situated or occurring behind the pubis (either of the bones forming the two side of the pelvis).

Sacral – Refers to the lowest part of the spine.

Sciatic Nerve – Arises in the lower part of the spine and passes through the pelvis on its way to the back of the leg; carries sensory information from the leg to the central nervous system and controls the action of many muscles.

Single Incision Sling (SIS) – For the treatment of female stress urinary incontinence a mini-sling is inserted over a single vaginal incision and fixed on both sides to the pelvic wall tissue with special anchors, without passing through the groin and avoiding a blind tape passage.

Sphincter – Ring-like band of muscle fibers that constricts a passage or closes a natural opening; also called a musculus sphincter.

Stamey Procedure – Needle suspension technique performed vaginally through a small incision above the pubic bone where a nylon suture is used to suspend the urethra on each side.

Suburethral – Beneath the urethra.

Synthetic – Man-made, but having the same physical, chemical and optical characteristics as the natural.

Tension-Free Vaginal Tape (TVT) – Synthetic tape is placed around the urethra to form a sling which supports the urethra to prevent leakage.

Tibial Nerve – Branch of the sciatic nerve.
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**Titanium** – A hard silver-gray metal of the transition series, used in strong, light, corrosion-resistant alloys.

**Transobturator Tape (TOT)** – Minimally invasive sling procedure which aims to eliminate stress urinary incontinence by providing support under the urethra; involves inserting a mesh tape under the urethra through three small incisions in the groin area.

**Transurethral** – The canal that carries off urine from the bladder.

**Transurethral Resection of the Prostate (TURP)** – A removal of the prostate by means of an instrument passed through the urethra. A transurethral resection removes only enlarged prostate tissue. Normal prostatic tissue and its outer capsule are left intact.

**Urethra** – Tube through which urine leaves the body. It empties urine from the bladder.

**Urethral Sphincter** – Ring-like muscle that surrounds the urethra and helps hold it closed, preventing unintentional leakage. When relaxed, a sphincter allows materials such as urine to pass through the opening.

**Urinalysis** – A diagnostic, physical, chemical and microscopic evaluation of a urine sample (specimen). Specimens can be obtained by normal emptying of the bladder or by catheterization.

**Urodynamic Testing** – Any study that looks at how well the bladder, sphincters and urethra are storing and releasing urine; these may include cystometry, electromyography or uroflowmetry.

**Uroflowmetry** – Test utilizing special equipment to measure the amount of urine and flow rate.

**Uterus** – The enlarged, muscular expandable portion of the oviduct in which the fertilized ovum implants and develops or rests during prenatal development.
Vaginal Tactile Imaging – A device that reportedly performs high resolution mapping the pressure and strength of the pelvic floor using a vaginal probe. It is purportedly indicated to determine tissue elasticity as well as pelvic floor support and function.

Valve – A membranous fold in a canal or passage that prevents backward flow of material passing through it.

References


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