

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

Page: 1 of 39

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

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

Disclaimer
Description
Coverage Determination
Background

Medical Alternatives
Provider Claims Codes
Medical Terms
References

Disclaimer

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, take precedence over clinical policy and must be considered first in determining eligibility for coverage. Coverage may also differ for our Medicare and/or Medicaid members based on any applicable Centers for Medicare & Medicaid Services (CMS) coverage statements including National Coverage Determinations (NCD), Local Medical Review Policies (LMRP) and/or Local Coverage Determinations. Refer to the [CMS website](#). The member's health plan benefits in effect on the date services are rendered must be used. Clinical policy is not intended to preempt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test or procedure over another. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying or otherwise, without permission from Humana.

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.

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: 2 of 39

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

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

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

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

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

made available over-the-counter for home use (**eg, Apex, Attain**). (**Refer to Coverage Limitations**)

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.

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

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.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

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: 6 of 39

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

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**

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: 7 of 39

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

- Measurement of post-void residual volume; **AND**
- Positive cough stress test (during physical examination and/or during cystometry); **AND**
- Urinalysis⁵

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**

See the [DISCLAIMER](#). All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

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: 8 of 39

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

- 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**
- Vaginal pessary devices

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]).

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: 9 of 39

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

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 prostatectomy^{5, 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**

See the [DISCLAIMER](#). All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

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: 10 of 39

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

- 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**

See the [DISCLAIMER](#). All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

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: 11 of 39

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

- 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

See the [DISCLAIMER](#). All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

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: 12 of 39

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

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^{64, 74}; **OR**
- Stem cell transplantation; **OR**

See the [DISCLAIMER](#). All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

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: 13 of 39

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

- 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:

See the [DISCLAIMER](#). All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

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: 14 of 39

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

- [American Urological Association](#)
- [National Association for Continence](#)
- [National Institute of Diabetes and Digestive and Kidney Diseases](#)
- [National Library of Medicine](#)

Medical Alternatives

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.

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

See the [DISCLAIMER](#). All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

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: 15 of 39

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

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

See the [DISCLAIMER](#). All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

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: 16 of 39

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

57288	Sling operation for stress incontinence (eg, fascia or synthetic)	
58999	Unlisted procedure, female genital system (nonobstetrical)	Not Covered if used to report any treatment outlined in Coverage Limitations section
64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed	
64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming	Not Covered if used to report any treatment outlined in Coverage Limitations section
64581	Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)	
64585	Revision or removal of peripheral neurostimulator electrode array	
64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling	
64595	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver	
90911	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry	Deleted Code Effective 12/31/2019
90912	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	New Code Effective 01/01/2020
90913	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)	New Code Effective 01/01/2020

See the [DISCLAIMER](#). All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

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: 17 of 39

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

95970	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	
95971	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	
95972	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	
97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)	Not Covered if used to report any treatment outlined in Coverage Limitations section

See the [DISCLAIMER](#). All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

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

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes	Not Covered if used to report any treatment outlined in Coverage Limitations section
CPT® Category III Code(s)	Description	Comments
0487T	Biomechanical mapping, transvaginal, with report	Not Covered
0548T	Transperineal periurethral balloon continence device; bilateral placement, including cystoscopy and fluoroscopy	Not Covered New Code Effective 07/01/2019
0549T	Transperineal periurethral balloon continence device; unilateral placement, including cystoscopy and fluoroscopy	Not Covered New Code Effective 07/01/2019
0550T	Transperineal periurethral balloon continence device; removal, each balloon	Not Covered New Code Effective 07/01/2019
0551T	Transperineal periurethral balloon continence device; adjustment of balloon(s) fluid volume	Not Covered New Code Effective 07/01/2019
0587T	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	Not Covered New Code Effective 01/01/2020
0588T	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	Not Covered New Code Effective 01/01/2020

See the [DISCLAIMER](#). All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

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: 19 of 39

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

0589T	Electronic analysis with simple programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, posterior tibial nerve, 1-3 parameters	Not Covered New Code Effective 01/01/2020
0590T	Electronic analysis with complex programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, posterior tibial nerve, 4 or more parameters	Not Covered New Code Effective 01/01/2020
HCPCS Code(s)	Description	Comments
A4290	Sacral nerve stimulation test lead, each	
A4335	Incontinence supply; miscellaneous	Not Covered
A4336	Incontinence supply, urethral insert, any type, each	Not Covered
A4520	Incontinence garment, any type, (e.g., brief, diaper), each	Not Covered
A4553	Non-disposable underpads, all sizes	Not Covered
A4554	Disposable underpads, all sizes	Not Covered
A9286	Hygienic item or device, disposable or non-disposable, any type, each	Not Covered
C1762	Connective tissue, human (includes fascia lata)	
C1763	Connective tissue, nonhuman (includes synthetic)	
C1767	Generator, neurostimulator (implantable), nonrechargeable	
C1771	Repair device, urinary, incontinence, with sling graft	
C1778	Lead, neurostimulator (implantable)	
C1787	Patient programmer, neurostimulator	

See the [DISCLAIMER](#). All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

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: 20 of 39

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

C1815	Prosthesis, urinary sphincter (implantable)	Not Covered if used to report any treatment outlined in Coverage Limitations section
C1816	Receiver and/or transmitter, neurostimulator (implantable)	
C1883	Adaptor/extension, pacing lead or neurostimulator lead (implantable)	
C1897	Lead, neurostimulator test kit (implantable)	
C2631	Repair device, urinary, incontinence, without sling graft	
C9746	Transperineal implantation of permanent adjustable balloon continence device, with cystourethroscopy, when performed and/or fluoroscopy, when performed	Not Covered Deleted Code Effective 06/30/2019
E0740	Non-implanted pelvic floor electrical stimulator, complete system	Not Covered if used to report any treatment outlined in Coverage Limitations section
E1399	Durable medical equipment, miscellaneous	Not Covered if used to report any device outlined in Coverage Limitations section
L8603	Injectable bulking agent, collagen implant, urinary tract, 2.5 ml syringe, includes shipping and necessary supplies	
L8604	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, urinary tract, 1 ml, includes shipping and necessary supplies	
L8606	Injectable bulking agent, synthetic implant, urinary tract, 1 ml syringe, includes shipping and necessary supplies	
L8680	Implantable neurostimulator electrode, each	
L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only	
L8682	Implantable neurostimulator radiofrequency receiver	
L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	

See the [DISCLAIMER](#). All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

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: 21 of 39

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

L8684	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement	
L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	
L8686	Implantable neurostimulator pulse generator, single array, nonrechargeable, includes extension	
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	
L8688	Implantable neurostimulator pulse generator, dual array, nonrechargeable, includes extension	
L8689	External recharging system for battery (internal) for use with implantable neurostimulator, replacement only	
L8695	External recharging system for battery (external) for use with implantable neurostimulator, replacement only	
S2142	Cord blood-derived stem-cell transplantation, allogeneic	Not Covered if used to report any treatment outlined in Coverage Limitations section
S2150	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	Not Covered if used to report any treatment outlined in Coverage Limitations section
S8270	Enuresis alarm, using auditory buzzer and/or vibration device	Not Covered
T4545	Incontinence product, disposable, penile wrap, each	Not Covered

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.

See the [DISCLAIMER](#). All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

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: 22 of 39

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

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.

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: 23 of 39

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

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.

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

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.

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

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.

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

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.

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

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

1. Agency for Healthcare Research and Quality (AHRQ). Comparative Effectiveness Review. Nonsurgical treatments for urinary incontinence in women: a systematic review update. <https://ahrq.gov>. Published August 2018. Accessed November 7, 2019.
2. American College of Obstetricians and Gynecologists (ACOG). Committee Opinion. Evaluation of uncomplicated stress urinary incontinence in women before surgical treatment. <http://www.acog.org>. Published June 2014. Updated 2019. Accessed November 12, 2019.
3. American College of Obstetricians and Gynecologists (ACOG). Committee Opinion. Management of mesh and graft complications in gynecologic surgery. <http://www.acog.org>. Published April 2017. Accessed November 12, 2019.
4. American College of Obstetricians and Gynecologists (ACOG). Practice Bulletin. Pelvic organ prolapse. <http://www.acog.org>. Published October 2019. Accessed November 12, 2019.
5. American College of Obstetricians and Gynecologists (ACOG). Practice Bulletin. Urinary incontinence in women. <http://www.acog.org>. Published November 2015. Updated 2018. Accessed November 12, 2019.
6. American College of Physicians (ACP). Nonsurgical management of urinary incontinence in women: a clinical practice guideline from the American College of Physicians (ARCHIVED). <http://www.acponline.org>. Published September 16, 2014. Accessed November 12, 2019.

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: 28 of 39

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

7. American College of Radiology (ACR). ACR Appropriateness Criteria. Pelvic floor dysfunction. <http://www.acr.org>. Published 2014. Accessed November 12, 2019.
8. American College of Radiology (ACR). ACR-SAR-SPR practice parameter for the performance of magnetic resonance imaging (MRI) of the soft-tissue components of the pelvis. <http://www.acr.org>. Published 2015. Accessed November 12, 2019.
9. American Urological Association (AUA). Adult urodynamics: AUA/SUFU guideline. <http://www.auanet.org>. Published 2012. Accessed November 12, 2019.
10. American Urological Association (AUA). AUA position statement on the use of vaginal mesh for the surgical treatment of stress urinary incontinence. <http://www.auanet.org>. Published October 2018. Accessed November 12, 2019.
11. American Urological Association (AUA). Diagnosis and treatment of overactive bladder (non-neurogenic) in adults: AUA/SUFU guideline. <http://www.auanet.org>. Published April 2019. Accessed November 12, 2019.
12. American Urological Association (AUA). Incontinence after prostate treatment: AUA/SUFU guideline. <http://www.auanet.org>. Published 2019. Accessed November 12, 2019.
13. American Urological Association (AUA). Surgical treatment of female stress urinary incontinence: AUA/SUFU guideline. <http://www.auanet.org>. Published March 2017. Accessed November 12, 2019.
14. Centers for Medicare & Medicaid Services (CMS). National coverage determination (NCD) for biofeedback therapy for the treatment of urinary incontinence (30.1.1). <https://www.cms.gov>. Published July 1, 2001. Accessed November 12, 2019.

See the [DISCLAIMER](#). All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

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: 29 of 39

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

15. Centers for Medicare & Medicaid Services (CMS). National coverage determination (NCD) for electrical continence aid (230.15). <https://www.cms.gov>. Accessed November 12, 2019.
16. Centers for Medicare & Medicaid Services (CMS). National coverage determination (NCD) for incontinence control devices (230.10). <https://www.cms.gov>. Published October 7, 1996. Accessed November 12, 2019.
17. Centers for Medicare & Medicaid Services (CMS). National coverage determination (NCD) for non-implantable pelvic floor electrical stimulator (230.8). <https://www.cms.gov>. Published June 19, 2006. Accessed November 12, 2019.
18. Centers for Medicare & Medicaid Services (CMS). National coverage determination (NCD) for sacral nerve stimulation for urinary incontinence (230.18). <https://www.cms.gov>. Published January 1, 2002. Accessed November 12, 2019.
19. Centers for Medicare & Medicaid Services (CMS). National coverage determination (NCD) for urinary drainage bags (230.17). <https://www.cms.gov>. Published June 5, 1997. Accessed November 12, 2019.
20. Centers for Medicare & Medicaid Services (CMS). National coverage determination (NCD) for uroflowmetric evaluations (230.2). <https://www.cms.gov>. Published January 1, 1980. Accessed November 12, 2019.
21. ClinicalKey. Cramer M, Saks CK. Incontinence, urinary. In: Ferri FF. *Ferri's Clinical Advisor 2020*. Philadelphia, PA: Elsevier;2020: 782-785.e4. <http://www.clinicalkey.com>. Accessed November 8, 2019.
22. ECRI Institute. Clinical Comparison. Overview of four devices for treating female stress urinary incontinence. <https://www.ecri.org>. Published January 25, 2016. Accessed September 25, 2019.

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: 30 of 39

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

23. ECRI Institute. Hotline Response. Laser procedure for treating female stress urinary incontinence and pelvic organ prolapse. <https://www.ecri.org>. Published November 1, 2017. Updated July 30, 2019. Accessed September 25, 2019.
24. ECRI Institute. Hotline Response (ARCHIVED). Posterior tibial nerve stimulation for treating urge incontinence. <https://www.ecri.org>. Published August 21, 2010. Updated March 20, 2012. Accessed September 25, 2019.
25. ECRI Institute. Hotline Response (ARCHIVED). Sling systems for treating stress urinary incontinence in males. <https://www.ecri.org>. Published October 11, 2007. Updated November 11, 2013. Accessed September 25, 2019.
26. ECRI Institute. Product Brief. Altis Single-incision Sling System (Coloplast Corp.) for treating female stress urinary incontinence. <https://www.ecri.org>. Published July 1, 2019. Accessed September 25, 2019.
27. ECRI Institute. Product Brief. Aris Transobturator Sling System (Coloplast Corp.) for treating female stress urinary incontinence. <https://www.ecri.org>. Published July 11, 2019. Accessed September 25, 2019.
28. ECRI Institute. Product Brief. Desara SL Short Sling System (Caldera Medical, Inc.) for treating female stress urinary incontinence. <https://www.ecri.org>. Published May 1, 2019. Accessed September 25, 2019.
29. ECRI Institute. Product Brief. Desara Sling System (Caldera Medical, Inc.). <https://www.ecri.org>. Published March 20, 2019. Accessed September 25, 2019.
30. ECRI Institute. Product Brief. Desara TV Sling System (Caldera Medical, Inc.) for treating female stress urinary incontinence. <https://www.ecri.org>. Published May 1, 2019. Accessed September 25, 2019.
31. ECRI Institute. Product Brief. Gynecare TVT Retropubic System (Ethicon US, LLC) for treating female stress urinary incontinence. <https://www.ecri.org>. Published June 26, 2019. Accessed September 25, 2019.

See the [DISCLAIMER](#). All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

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: 31 of 39

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

32. ECRI Institute. Product Brief. KIM System (Neomedic International) for treating female stress urinary incontinence. <https://www.ecri.org>. Published May 31, 2019. Accessed September 25, 2019.
33. ECRI Institute. Product Brief. Lynx Suprapubic Mid-Urethral Sling System (Boston Scientific Corp.) for treating female stress urinary incontinence. <https://www.ecri.org>. Published July 10, 2019. Accessed September 25, 2019.
34. ECRI Institute. Product Brief. Needleless System (Neomedic International) for treating female stress urinary incontinence. <https://www.ecri.org>. Published July 1, 2019. Accessed September 25, 2019.
35. ECRI Institute. Product Brief. Obtryx II Transobturator Midurethral Sling System (Boston Scientific Corp.) for treating female stress urinary incontinence. <https://www.ecri.org>. Published July 11, 2019. Accessed September 25, 2019.
36. ECRI Institute. Product Brief. ProACT Adjustable Continence Therapy (UroMedica, Inc.) for treating male stress urinary incontinence. <https://www.ecri.org>. Published May 18, 2018. Accessed September 25, 2019.
37. ECRI Institute. Product Brief. Solyx Single-incision Sling System (Boston Scientific Corp.) for treating female stress urinary incontinence. <https://www.ecri.org>. Published June 26, 2019. Accessed September 25, 2019.
38. ECRI Institute. Product Brief. Supris Retropubic Sling (Coloplast Corp.) for treating female stress urinary incontinence. <https://www.ecri.org>. Published May 1, 2019. Accessed September 25, 2019.
39. ECRI Institute. Product Brief (ARCHIVED). Advantage fit transvaginal mid-urethral sling system (Boston Scientific Corp.) for treating female urinary incontinence. <https://www.ecri.org>. Published January 25, 2016. Accessed September 25, 2019.
40. ECRI Institute. Product Brief (ARCHIVED). InterStim Implantable Sacral Nerve Stimulator for treating urinary incontinence. <https://www.ecri.org>. Published October 15, 2012. Updated April 30, 2014. Accessed September 25, 2019.

See the [DISCLAIMER](#). All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

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: 32 of 39

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

41. ECRI Institute. Product Brief (ARCHIVED). Macroplastique urethral agent (Cogentix Medical Inc.) for treating female stress urinary incontinence. <https://www.ecri.org>. Published September 20, 2017. Accessed September 25, 2019.
42. ECRI Institute. Product Brief (ARCHIVED). RetroArc and MiniArc sling systems (Astora Women's Health) for treating female stress urinary incontinence. <https://www.ecri.org>. Published January 25, 2016. Accessed September 25, 2019.
43. ECRI Institute. Product Brief (ARCHIVED). Sling systems for treating stress urinary incontinence in males. <https://www.ecri.org>. Published October 11, 2007. Updated November 22, 2013. Accessed September 25, 2019.
44. ECRI Institute. Product Brief (ARCHIVED). Smart incontinence management (SIM) system (Simavita Ltd.) for monitoring urinary incontinence. <https://www.ecri.org>. Published September 10, 2015. Accessed September 25, 2019.
45. Hayes, Inc. Clinical Research Response. Altis Single Incision Sling System (Coloplast) for female stress urinary incontinence. <https://evidence.hayesinc.com>. Published October 2, 2019. Accessed October 7, 2019.
46. Hayes, Inc. Clinical Research Response (ARCHIVED). Coaptite (Boston Scientific) versus Durasphere EXP (Coloplast) for stress incontinence. <https://evidence.hayesinc.com>. Published June 27, 2018. Accessed September 25, 2019.
47. Hayes, Inc. Clinical Research Response (ARCHIVED). Macroplastique urethral bulking agent (Cogentix Medical) for treatment of stress urinary incontinence. <https://evidence.hayesinc.com>. Published May 18, 2017. Accessed September 25, 2019.
48. Hayes, Inc. Emerging Technology Report (ARCHIVED). inFlow Urinary Prosthesis. <https://evidence.hayesinc.com>. Published December 5, 2014. Accessed September 25, 2019.

See the [DISCLAIMER](#). All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

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: 33 of 39

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

49. Hayes, Inc. Evidence Analysis Research Brief. ProACT Adjustable Continence Therapy (UroMedica) for treatment of stress/post-surgical urinary incontinence. <https://evidence.hayesinc.com>. Published July 23, 2019. Accessed September 25, 2019.
50. Hayes, Inc. Health Technology Assessment. Pelvic floor electrical stimulation for the treatment of urinary incontinence. <https://evidence.hayesinc.com>. Published February 25, 2016. Updated January 8, 2019. Accessed September 25, 2019.
51. Hayes, Inc. Health Technology Assessment (ARCHIVED). Dynamic magnetic resonance imaging for pelvic floor disorders. <https://evidence.hayesinc.com>. Published June 5, 2014. Updated May 31, 2018. Accessed September 25, 2019.
52. Hayes, Inc. Health Technology Assessment (ARCHIVED). Female urinary incontinence treatment, nonsurgical devices. <https://evidence.hayesinc.com>. Published May 21, 2002. Updated April 10, 2007. Accessed September 25, 2019.
53. Hayes, Inc. Health Technology Assessment (ARCHIVED). Implantable sacral nerve stimulation for urinary voiding dysfunction. <https://evidence.hayesinc.com>. Published July 12, 2010. Updated May 22, 2014. Accessed September 25, 2019.
54. Hayes, Inc. Health Technology Assessment (ARCHIVED). Tension-free vaginal tape procedure for treatment of female stress urinary incontinence. <https://evidence.hayesinc.com>. Published February 9, 2005. Updated April 26, 2009. Accessed September 25, 2019.
55. Hayes, Inc. Health Technology Assessment (ARCHIVED). Transurethral radiofrequency micro-remodeling using the Renessa system (Novasys Medical Inc.) for female stress urinary incontinence. <https://evidence.hayesinc.com>. Published March 19, 2010. Updated March 13, 2012. Accessed September 25, 2019.
56. Hayes, Inc. Medical Technology Directory. Percutaneous tibial nerve stimulation for the treatment of symptomatic neurogenic lower urinary tract

See the [DISCLAIMER](#). All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

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: 34 of 39

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

dysfunction. <https://evidence.hayesinc.com>. Published April 15, 2019. Accessed September 25, 2019.

57. Hayes, Inc. Medical Technology Directory. Percutaneous tibial nerve stimulation for the treatment of symptomatic non-neurogenic overactive bladder. <https://evidence.hayesinc.com>. Published October 31, 2018. Accessed October 7, 2019.
58. Hayes, Inc. Medical Technology Directory (ARCHIVED). Extracorporeal magnetic stimulation for urinary incontinence. <https://evidence.hayesinc.com>. Published May 2, 2011. Updated February 24, 2015. Accessed September 25, 2019.
59. Hayes, Inc. Search & Summary (ARCHIVED). Biofeedback for treatment of dysfunctional voiding in children. <https://evidence.hayesinc.com>. Published June 16, 2016. Accessed October 27, 2017.
60. Hayes, Inc. Search & Summary (ARCHIVED). Biofeedback for treatment of dysfunctional voiding in women. <http://www.hayesinc.com>. Published June 16, 2016. Accessed October 27, 2017.
61. MCG Health. Artificial urinary sphincter. 23rd edition. <http://www.mcg.com>. Accessed October 14, 2019.
62. MCG Health. Biofeedback. 23rd edition. <http://www.mcg.com>. Accessed October 14, 2019.
63. MCG Health. Cystoscopy. 23rd edition. <http://www.mcg.com>. Accessed October 16, 2019.
64. MCG Health. Implanted electrical stimulator, sacral nerve. 23rd edition. <http://www.mcg.com>. Accessed October 14, 2019.
65. MCG Health. Pelvic floor rehabilitation. 23rd edition. <http://www.mcg.com>. Accessed October 14, 2019.

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: 35 of 39

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

66. MCG Health. Percutaneous tibial nerve stimulation (PTNS). 23rd edition. <http://www.mcg.com>. Accessed October 16, 2019.
67. MCG Health. Periurethral bulking injections. 23rd edition. <http://www.mcg.com>. Accessed October 16, 2019.
68. MCG Health. Repair of pelvic organ prolapse. 23rd edition. <http://www.mcg.com>. Accessed October 16, 2019.
69. MCG Health. Retropubic suspension, open or laparoscopic. 23rd edition. <http://www.mcg.com>. Accessed October 16, 2019.
70. MCG Health. Sling procedures, female. 23rd edition. <http://www.mcg.com>. Accessed October 16, 2019.
71. MCG Health. Sling procedures, male. 23rd edition. <http://www.mcg.com>. Accessed October 16, 2019.
72. MCG Health. Urethral suspension procedures. 23rd edition. <http://www.mcg.com>. Accessed October 16, 2019.
73. MCG Health. Urodynamic testing. 23rd edition. <http://www.mcg.com>. Accessed October 16, 2019.
74. Medtronic. Indications, safety and warnings; sacral neuromodulation. <https://www.medtronic.com>. Published May 2017. Accessed November 14, 2019.
75. UpToDate, Inc. Clinical manifestations, diagnosis and nonsurgical management of posterior vaginal defects. <http://www.uptodate.com>. Updated October 2019. Accessed November 7, 2019.
76. UpToDate, Inc. Effect of pregnancy and childbirth on urinary incontinence and pelvic organ prolapse. <http://www.uptodate.com>. Updated October 2019. Accessed November 7, 2019.

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: 36 of 39

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

77. UpToDate, Inc. Etiology and clinical features of bladder dysfunction in children. <http://www.uptodate.com>. Updated October 2019. Accessed November 7, 2019.
78. UpToDate, Inc. Evaluation and diagnosis of bladder dysfunction in children. <http://www.uptodate.com>. Updated October 2019. Accessed November 7, 2019.
79. UpToDate, Inc. Evaluation of women with urinary incontinence. <http://www.uptodate.com>. Updated October 2019. Accessed November 7, 2019.
80. UpToDate, Inc. Initial approach to low- and very-low risk clinical localized prostate cancer. <http://www.uptodate.com>. Updated October 2019. Accessed November 7, 2019.
81. UpToDate, Inc. Lower urinary tract symptoms in men. <http://www.uptodate.com>. Updated October 2019. Accessed November 7, 2019.
82. UpToDate, Inc. Management of bladder dysfunction in children. <http://www.uptodate.com>. Updated October 2019. Accessed November 7, 2019.
83. UpToDate, Inc. Nocturnal enuresis in children: etiology and evaluation. <http://www.uptodate.com>. Updated October 29, 2019. Accessed November 7, 2019.
84. UpToDate, Inc. Nocturnal enuresis in children: management. <http://www.uptodate.com>. Updated November 5, 2019. Accessed November 7, 2019.
85. UpToDate, Inc. Pelvic organ prolapse and stress urinary incontinence in women: surgical treatment. <http://www.uptodate.com>. Updated October 2019. Accessed November 7, 2019.

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: 37 of 39

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

86. UpToDate, Inc. Pelvic organ prolapse in women: choosing a primary surgical procedure. <http://www.uptodate.com>. Updated October 2019. Accessed November 7, 2019.
87. UpToDate, Inc. Pelvic organ prolapse in women: diagnostic evaluation. <http://www.uptodate.com>. Updated October 2010. Accessed November 7, 2019.
88. UpToDate, Inc. Pelvic organ prolapse in women: obliterative procedures (colpocleisis). <http://www.uptodate.com>. Updated October 2019. Accessed November 7, 2019.
89. UpToDate, Inc. Pelvic organ prolapse in women: surgical repair of anterior vaginal wall prolapse. <http://www.uptodate.com>. Updated October 2019. Accessed November 7, 2019.
90. UpToDate, Inc. Pelvic organ prolapse in women: surgical repair of apical prolapse (uterine or vaginal vault prolapse). <http://www.uptodate.com>. Updated October 23, 2019. Accessed November 7, 2019.
91. UpToDate, Inc. Radical prostatectomy for localized prostate cancer. <http://www.uptodate.com>. Updated October 2019. Accessed November 7, 2019.
92. UpToDate, Inc. Stress urinary incontinence in women: persistent/recurrent symptoms after surgical treatment. <http://www.uptodate.com>. Updated October 2019. Accessed November 7, 2019.
93. UpToDate, Inc. Surgical management of stress urinary incontinence in women: bladder neck fascial sling procedures. <http://www.uptodate.com>. Updated October 2019. Accessed November 7, 2019.
94. UpToDate, Inc. Surgical management of stress urinary incontinence in women: choosing a primary surgical procedure. <http://www.uptodate.com>. Updated October 2019. Accessed November 7, 2019.

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: 38 of 39

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

95. UpToDate, Inc. Surgical management of stress urinary incontinence in women: choosing a type of midurethral sling. <http://www.uptodate.com>. Updated October 2019. Accessed November 7, 2019.
96. UpToDate, Inc. Surgical management of stress urinary incontinence in women: choosing a type of transobturator midurethral sling. <http://www.uptodate.com>. Updated October 2019. Accessed November 7, 2019.
97. UpToDate, Inc. Surgical management of stress urinary incontinence in women: preoperative evaluation for a primary procedure. <http://www.uptodate.com>. Updated October 2019. Accessed November 7, 2019.
98. UpToDate, Inc. Surgical management of stress urinary incontinence in women: retropubic midurethral slings. <http://www.uptodate.com>. Updated October 2019. Accessed November 7, 2019.
99. UpToDate, Inc. Transvaginal synthetic mesh: use in stress urinary incontinence (SUI). <http://www.uptodate.com>. Updated October 9, 2019. Accessed November 7, 2019.
100. UpToDate, Inc. Treatment of urgency incontinence/overactive bladder in women. <http://www.uptodate.com>. Updated October 21, 2019. Accessed November 7, 2019.
101. UpToDate, Inc. Treatment of urinary incontinence in women. <http://www.uptodate.com>. Updated October 2019. Accessed November 7, 2019.
102. UpToDate, Inc. Ultrasound evaluation of the female pelvic floor. <http://www.uptodate.com>. Updated October 2019. Accessed November 7, 2019.
103. UpToDate, Inc. Urinary incontinence in men. <http://www.uptodate.com>. Updated October 2019. Accessed November 7, 2019.

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: 39 of 39

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

104. UpToDate, Inc. Urodynamic evaluation of women with incontinence. <http://www.uptodate.com>. Updated October 2019. Accessed November 7, 2019.
105. UpToDate, Inc. Vaginal pessary treatment of prolapse and incontinence. <http://www.uptodate.com>. Updated October 2019. Accessed November 7, 2019.
106. US Food and Drug Administration (FDA). 510(k) summary: Detrusan 500 incontinence therapy system. <http://www.fda.gov>. Published August 3, 2000. Accessed November 9, 2017.
107. US Food and Drug Administration (FDA). 510(k) summary: NURO neuromodulation system. <http://www.fda.gov>. Published August 15, 2013. Accessed November 9, 2017.
108. US Food and Drug Administration (FDA). 510(k) summary: Urgent PC neuromodulation system. <http://www.fda.gov>. Published October 17, 2005. Accessed October 8, 2012.
109. US Food and Drug Administration (FDA). 510(k) summary: UROSTYM biofeedback and stimulation device and accessories. <http://www.fda.gov>. Published May 4, 2007. Accessed November 9, 2017.
110. US Food and Drug Administration (FDA). Summary of safety and effectiveness data: Axonics sacral neuromodulation system. <http://www.fda.gov>. Published November 13, 2019. Accessed November 25, 2019.
111. US Food and Drug Administration (FDA). Summary of safety and effectiveness data: Medtronic InterStim therapy system. <http://www.fda.gov>. Published March 14, 2011. Accessed October 8, 2012.