01-97000-06

Original Effective Date: 12/15/02

Reviewed: 08/22/24

Revised: 09/15/24

Subject: Pelvic Floor Stimulation as a Treatment of Incontinence

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

DESCRIPTION:

Pelvic floor stimulation (PFS) is proposed as a nonsurgical treatment option for women and men with urinary incontinence. This approach involves either electrical stimulation of pelvic floor musculature or extracorporeal pulsed magnetic stimulation. Electrical stimulation of the pelvic floor is also proposed as a treatment of fecal incontinence. Pelvic floor stimulation (PFS) involves electrical stimulation of pelvic floor muscles using either a probe wired to a device for controlling the electrical stimulation or, more recently, extracorporeal electromagnetic (also called magnetic) pulses.

POSITION STATEMENT:

Electrical or magnetic stimulation of the pelvic floor muscles as a treatment for urinary incontinence is considered **experimental or investigational**. Data in published medical literature are inadequate to permit scientific conclusions on long-term and net health outcomes.

Electrical or magnetic stimulation of the pelvic floor muscles as a treatment for fecal incontinence or chronic constipation is considered **experimental or investigational**. Data in published medical literature are inadequate to permit scientific conclusions on long-term and net health outcomes.

BILLING/CODING INFORMATION:

The following codes may be used:

CPT Coding:

97014	Application of a modality to one **OR** more areas; electrical stimulation (unattended)

97032	Application of a modality to 1 **OR** more areas; electrical stimulation (manual), each 15 minutes (one-on-one contact)

HCPCS Coding:

E0740	Non-implanted pelvic floor electrical stimulator, complete system (**Investigational**)
G0283	Electrical stimulation (unattended), to one **OR** more areas for indication(s) other than wound care, as part of a therapy plan of care

REIMBURSEMENT INFORMATION:

Refer to section entitled **POSITION STATEMENT**.

PROGRAM EXCEPTIONS:

Federal Employee Program (FEP): Follow FEP guidelines.

State Account Organization (SAO): Follow SAO guidelines.

Medicare Advantage products: The following National Coverage Determination (NCD) was reviewed on the last guideline reviewed date: Sacral Nerve Stimulation For Urinary Incontinence (230.18); and Non-Implantable Pelvic Floor Electrical Stimulator (230.8) located at cms.gov.

If this Medical Coverage Guideline contains a step therapy requirement, in compliance with Florida law 627.42393, members or providers may request a step therapy protocol exemption to this requirement if based on medical necessity. The process for requesting a protocol exemption can be found at Coverage Protocol Exemption Request.

DEFINITIONS:

Functional incontinence: a type of incontinence when getting to and using the toilet when the need arises is the cause. There may be musculoskeletal problems that prevent the sufferer from moving quickly enough to get to the bathroom, remove clothing to use the toilet, or transfer from a wheelchair to a toilet. Musculoskeletal problems include back pain or arthritis. There may also be neurological problems such as Parkinson's disease or multiple sclerosis (MS). In other cases, functional incontinence may result from problems with thinking or communicating.

Mixed incontinence: results from both stress and urge symptoms and causes.

Overflow incontinence: this results from overdistension of the bladder. There may be urine dribbling and urge or stress incontinence symptoms. This may result from drugs, a neurologic condition such as diabetic neuropathy, bladder outlet or urethral obstruction, BPH or uterine/bladder prolapses.

Stress incontinence: an involuntary loss of urine when coughing, laughing, sneezing, etc., commonly caused by displacement of the urethra and bladder neck or urethral sphincter deficiency. Childbirth in women may contribute to this development and in males, may occur after a prostatectomy.

Transient incontinence: a type of incontinence that often disappears in time or after treatment. Causes may include alcohol and drug use, heart failure, venous insufficiency, inflammation of the urethra or the vagina, sexually transmitted diseases or urinary tract infections.

Urge incontinence: an abrupt, strong desire to void, resulting in the involuntary loss of urine. It may be associated with involuntary detrusor contractions (detrusor overactivity or instability) and/or several other factors (disease, drugs).

RELATED GUIDELINES:

Sacral Nerve Modulation/Stimulation, 02-61000-23

Posterior Tibial Nerve Stimulation for Voiding Dysfunction, 02-64000-01

OTHER:

Note: The use of specific product names is illustrative only. It is not intended to be a recommendation of one product over another and is not intended to represent a complete listing of all products available.

Other names used to report **electrical pelvic floor stimulation**:

ApexM®
EmbaGYN®
Pathway™ CTS 2000
MyoTrac Infiniti™
InCare® PRS
InTone®

Other names used to report **magnetic pelvic floor stimulation**:

Extracorporeal Electromagnetic Stimulation
NeoControl® Pelvic Floor Therapy System
BTL EMSELLA®
High Intensity Focused ElectroMagnetic Energy (HIFEM)

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COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy and Coverage Committee on 08/22/24.

GUIDELINE UPDATE INFORMATION:

12/15/02	Reformat, review & revision of original Medical Coverage Guideline (10/95).
04/15/03	HCPCS coding update; added G0283.
12/15/03	Review of guideline; no change in coverage statement.
12/15/04	Review and revision of guideline; consisting of updated references.
01/01/06	Review and revision of guideline; consisting of updated references.
11/15/06	Review and revision of guideline consisting of updated references.
07/15/07	Review and revision of guideline consisting of updated references and reformatted guideline.
11/15/08	Scheduled review; no change in position statement. Update references.
01/01/09	Annual HCPCS coding update: deleted 0029T.
11/15/09	Scheduled review; no change in position statement. Update references.
01/01/10	Annual HCPCS coding update: revised descriptor for code 97032.
11/15/10	Scheduled review. No change in position statement; references updated.
11/15/11	Scheduled review. Update description section, maintain position statement and update references.
10/15/12	Scheduled review. Added coverage statement (E/I) for electrical or magnetic stimulation of the pelvic floor muscles for treatment of fecal incontinence and chronic constipation. Revised description and definitions. Updated references.
10/15/13	Scheduled review. Position statement maintained. Revised program exceptions section. Updated references.
11/01/15	Revision: ICD-9 Codes deleted.
01/01/17	Annual CPT/HCPCS update. Revised E0740 descriptor.
09/15/19	Scheduled review. Maintained position statement, Revised description, Medicare Advantage program exception, and index terms. Updated references.
03/15/21	Scheduled review. Revised description and program exceptions. Maintained position statement and updated references.
11/15/22	Scheduled review. Revised description, maintained position statement and updated references.

05/22/23	Update to Program Exceptions section.
09/15/23	Revision. Updated references. Revised index terms and maintained position statement.
09/15/24	Scheduled review. Maintained position statement and updated references.