Urinary Incontinence

Medical Policy

Utilization Management

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I. DEFINITION:

Biofeedback is a process whereby electronic monitoring of a normally automatic bodily function is used to train someone to acquire voluntary control of that function. Biofeedback is not a treatment, per se, but a tool to help patients learn how to perform PME (Pelvic Muscle Exercise). Biofeedback-assisted PME incorporates the use of an electronic or mechanical device to relay visual and/or auditory evidence of pelvic floor muscle tone, in order to improve awareness of pelvic floor musculature and to assist patients in the performance of PME.

Urinary incontinence (UI) is the unintentional loss of urine. The inability to hold urine in the bladder due to loss of voluntary control over the urinary sphincters results in the involuntary passage of urine.

A **collagen implant**, which is injected into the submucosal tissues of the urethra and/or bladder, neck and tissues adjacent to the urethra, is a prosthetic device used in the treatment of stress urinary incontinence resulting from intrinsic sphincter deficiency (ISD). ISD is a cause of stress urinary incontinence in which the urethral sphincter is unable to contract and generate sufficient resistance in the bladder, especially during stress maneuvers.

II. MEDICARE ADVANTAGE PLANS:

No prior authorization is required.
The member must meet clinical criteria when claim is submitted or payment could be impacted.

MyAdvocate Medicare Advantage follows Medicare guidelines.

National Coverage Determination (NCD) for Incontinence Control Devices (230.10)

Prosthesis, urinary sphincter (implantable):
Medicare has not released a National Coverage Determination for this procedure.

Artificial Urinary Sphincter:
The implantation of an artificial urinary sphincter (AUS) for the treatment of urinary incontinence (UI) due to intrinsic urethral sphincter deficiency (IUSD) is considered medically necessary for members with any of the following indications:
1. Children with intractable UI due to IUSD who are refractory to behavioral or pharmacological therapies and are unsuitable candidates for other types of surgical procedures for correction of UI; or
2. Members who are 6 or more months post-prostatectomy who have had no improvement in the severity of UI despite trials of behavioral and pharmacological therapies; or
3. Members with epispadias-exstrophy in whom bladder neck reconstruction has failed; or
4. Persons with intractable UI who have failed behavioral, pharmacological, and other surgical treatments.

III. COMMENTS:

Urinary Incontinence Coding and Packing Guidelines (For MyAdvocate Medicare Advantage internal use only)

IV. REFERENCES:

Hayes
Ureteral Bulking Agents for Vesicoureteral Reflux Disease

Hayes Rating
C - For first-line or second-line treatment for grade II-IV vesicoureteral reflux in children who have failed medical management and wish to avoid the morbidity associated with open surgical repair.
D - For treatment of children with grade V vesicoureteral reflux. This Rating reflects the poorer outcomes in patients with more severe, complex disease.
D - For treatment of adult patients with vesicoureteral reflux. This Rating reflects the paucity of evidence regarding use of ureteral bulking agents for treatment of VUR in this population.

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Lindsey A Kerr, MD

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Update on Urethral Bulking Agents for Female Stress Urinary Incontinence due to Intrinsic Sphincter Deficiency
Gamal Ghoniem* and Noelle Boctor
Journal of Urology and Research 04 March 2014

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Multicenter randomized clinical trial comparing surgery and collagen injections for treatment of female stress urinary incontinence.
Corcos J, Collet JP, Shapiro S, et al.
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