

Urinary and Fecal Incontinence: Diagnosis and Treatment

Policy Number: MCS049.08

Committee Approval Date: February 14, 2024

Effective Date: April 1, 2024

[Instructions for Use](#)

Table of Contents	Page
Coverage Guidelines	1
• Conservative Treatments	1
• Mechanical or Hydraulic Incontinence Control Devices	1
• Urodynamic Studies	2
• Urodynamic Studies - Non-Invasive	2
• Collagen Implant Therapy	2
• Radiofrequency Therapy for Treatment of Stress Urinary Incontinence	2
• Sacral Nerve Stimulation for Fecal Incontinence	2
• PureWick™ Urine Collection System	3
• Botulinum Toxin Type A for Overactive Bladder/Urinary Incontinence	3
Definitions	3
Supporting Information	3
Policy History/Revision Information	4
Instructions for Use	5

Related Policies
None

Coverage Guidelines

Diagnosis and treatment of urinary incontinence are covered in accordance with Medicare coverage criteria.

DME Face to Face Requirement: Effective July 1, 2013, Section 6407 of the Affordable Care Act (ACA) established a face-to-face encounter requirement for certain items of DME (including incontinence treatment systems, pelvic floor stimulator, monitor, sensor and/or trainer). For DME Face to Face Requirement information, refer to the Coverage Summary titled [Durable Medical Equipment \(DME\), Prosthetics, Orthotics \(Non-Foot Orthotics\), Nutritional Therapy, and Medical Supplies Grid](#).

Conservative Treatments

Conservative treatments of urinary incontinence are covered. Examples include, but are not limited to:

- Habit training
- Prompted voiding
- Routine/scheduled toileting
- Kegel exercises

Mechanical or Hydraulic Incontinence Control Devices

Mechanical or hydraulic incontinence control devices for the management of urinary incontinence are covered for members with permanent anatomic and neurologic dysfunctions of the bladder (e.g., artificial sphincter). This class of devices achieves control of urination by compression of the urethra. Refer to the [National Coverage Determination \(NCD\) for Incontinence Control Devices \(230.10\)](#). (Accessed February 15, 2023)

Urodynamic Studies (CPT Codes 51725, 51726, 51727, 51728, 51729, 51736, 51741, 51792, and 51797)

Uroflowmetric evaluations (also referred to as urodynamic voiding or urodynamic flow studies) are covered for diagnosing various urological dysfunctions, including bladder outlet obstructions. Refer to the [NCD for Uroflowmetric Evaluations \(230.2\)](#).

Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. These LCDs/LCAs are available at <https://www.cms.gov/medicare-coverage-database/new-search/search.aspx>.

(Accessed February 14, 2024)

Urodynamic Studies, Non-Invasive (e.g., UroCuff®) (CPT Code 55899)

Medicare does not have a National Coverage Determination (NCD) for non-invasive urodynamic studies. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies required where applicable. For specific LCDs/LCAs, refer to the [Urodynamic Studies - Non-invasive \(e.g., UroCuff®\)](#) table.

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled [Omnibus Codes](#).

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines. (Accessed January 19, 2024)

Collagen Implant Therapy

Collagen implant therapy is covered when coverage criteria are met.

Refer to the [NCD for Incontinence Control Devices \(230.10\)](#).

Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. These LCDs/LCAs are available at <https://www.cms.gov/medicare-coverage-database/new-search/search.aspx>.

Note: The member's copayment for collagen implantation injection treatment is the office visit plus the injectable medication copayment, if any.

(Accessed January 19, 2024)

Radiofrequency (RF) Therapy for Treatment of Stress Urinary Incontinence (e.g., Viveve System) (CPT Codes 0672T, 53860, 53899, and 58999)

Medicare does not have a National Coverage Determination (NCD) for RF therapy for treatment of stress urinary incontinence. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist at this time.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Omnibus Codes](#).

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines. (Accessed January 11, 2024)

Sacral Nerve Stimulation (SNS) for Fecal Incontinence (CPT Codes 64561, 64581, 64590, and 64595)

Medicare does not have a National Coverage Determination (NCD) for sacral nerve stimulation for the treatment of fecal incontinence. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies required where applicable. For specific LCDs/LCAs, refer to the [Sacral Nerve Stimulation for Fecal Incontinence](#) table.

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy for [Sacral Nerve Stimulation for Urinary and Fecal Indications](#).

Note: After checking the [Sacral Nerve Stimulation for Fecal Incontinence](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

PureWick™ Urine Collection System (HCPCS Code E2001)

Medicare does not have a National Coverage Determination (NCD) for PureWick™ Urine Collection System. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Omnibus Codes](#).

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines. (Accessed January 19, 2024)

Botulinum Toxin Type A for Overactive Bladder/Urinary Incontinence

Medicare does not have a National Coverage Determination (NCD) for botulinum toxin type A. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist for all states/territories and compliance with these policies required where applicable. For specific LCDs/LCAs, refer to the [Botulinum Toxin Type A for Overactive Bladder/Urinary Incontinence](#) table.

Definitions

Sacral Nerve Stimulation: Implantation of a permanent device that modulates the neural pathways controlling bladder function. This treatment is one of several alternative modalities for patients with urge urinary incontinence whose incontinence has been refractory to behavioral and pharmacologic treatment. This treatment involves electrical stimulation of the sacral nerves in the lower region of the spine via a totally implantable system. System components include a lead, an implantable pulse generator and an extension that connects the lead to the pulse generator. It is expected that the physician performing this service has completed a training course in the use and implantation of the device. Multiple LCDs/LCAs for Sacral Nerve Stimulation; available at <https://www.cms.gov/medicare-coverage-database/new-search/search.aspx>. (Accessed January 11, 2024)

Supporting Information

Urodynamic Studies - Non-invasive (e.g., UroCuff®)

Accessed January 11, 2024

LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
A58543	Billing and Coding: Urodynamic Services - Non-invasive	Part A and B MAC	First Coast Service Options, Inc.	FL, PR, VI
A58541	Billing and Coding: Urodynamic Services - Non-invasive	Part A and B MAC	Novitas Solutions, Inc.	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L34056 (A56802)	Urodynamics	Part A and B MAC	National Government Services, Inc.	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI

[Back to Guidelines](#)

Botulinum Toxin Type A for Overactive Bladder/Urinary Incontinence

Accessed January 11, 2024

LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L33949 (A56472)	Botulinum Toxins	Part A and B MAC	CGS Administrators, LLC	KY, OH
L33274 (A57715)	Botulinum Toxins	Part A and B MAC	First Coast Service Options, Inc.	FL, PR, VI

Botulinum Toxin Type A for Overactive Bladder/Urinary Incontinence

Accessed January 11, 2024

LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L33646 (A52848)	Botulinum Toxins	Part A and B MAC	National Government Services, Inc.	CT, IL, MA, ME, MN, NH, NY, RI, WI, VT
L35172 (A57186)	Botulinum Toxin Types A and B	Part A and B MAC	Noridian Healthcare Solutions, LLC	AK, AZ, ID, MT, ND, OR, SD, WA, UT, WY
L35170 (A57185)	Botulinum Toxin Types A and B Policy	Part A and B MAC	Noridian Healthcare Solutions, LLC	AS, CA, GU, HI, MP, NV
L38809 (A58423)	Botulinum Toxins	Part A and B MAC	Novitas Solutions, Inc.	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L33458 (A56646)	Chemodenerivation	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV
L34635 (A57474)	Botulinum Toxin Type A & Type B	Part A and B MAC	Wisconsin Physicians Service	IN, IA, KS, MI, MO, NE

[Back to Guidelines](#)

Sacral Nerve Stimulation for Fecal Incontinence

Accessed January 11, 2024

LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
A55835	Billing and Coding: Sacral Nerve Stimulation for Urinary and Fecal Incontinence	A and B MAC	CGS Administrators, LLC	KY, OH
A53017	Billing and Coding: Sacral Nerve Stimulation for Urinary and Fecal Incontinence	A and B MAC	Noridian Healthcare Solutions, LLC	AK, AZ, ID, MT, ND, OR, SD, WA, UT, WY
A53359	Billing and Coding: Sacral Nerve Stimulation for Urinary and Fecal Incontinence	A and B MAC	Noridian Healthcare Solutions, LLC	AS, CA, GU, HI, MP, NV

[Back to Guidelines](#)

Policy History/Revision Information

Effective Date	Summary of Changes
04/01/2024	<p>Title Change</p> <ul style="list-style-type: none"> Previously titled <i>Urinary and Fecal Incontinence, Diagnosis, and Treatments</i> <p>Coverage Guidelines</p> <ul style="list-style-type: none"> Removed content/language addressing: <ul style="list-style-type: none"> Biofeedback therapy Sacral nerve stimulation (SNS) for urinary incontinence Non-implantable pelvic floor electrical stimulators Electrical continence aid Bladder stimulators (pacemakers) Solesta® for fecal incontinence (HCPCS code L8605)

Effective Date	Summary of Changes
	<p>Radiofrequency (RF) Therapy for Treatment of Stress Urinary Incontinence (e.g., Viveve System) (CPT Codes 0672T, 53860, 53899, and 58999) (new to policy)</p> <ul style="list-style-type: none"> ● Added language to indicate: <ul style="list-style-type: none"> ○ Medicare does not have a National Coverage Determination (NCD) for radiofrequency (RF) therapy for treatment of stress urinary incontinence; Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist at this time ○ For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled <i>Omnibus Codes</i> ○ After searching the Medicare Coverage Database, if no LCD/LCA is found, then use the policy referenced above for coverage guidelines <p>Sacral Nerve Stimulation (SNS) for Fecal Incontinence (CPT Codes 64561, 64581, 64590, and 64595)</p> <ul style="list-style-type: none"> ● Added list of applicable CPT codes to service heading <p>PureWick™ Urine Collection System (HCPCS Code E2001)</p> <ul style="list-style-type: none"> ● Updated list of applicable HCPCS codes: <ul style="list-style-type: none"> ○ Added E2001 ○ Removed K1006 <p>Supporting Information</p> <ul style="list-style-type: none"> ● Updated list of available LCDs/LCAs to reflect the most current information ● Archived previous policy version MCS049.07

Instructions for Use

This information is being distributed to you for personal reference. The information belongs to UnitedHealthcare and unauthorized copying, use, and distribution are prohibited. This information is intended to serve only as a general reference resource and is not intended to address every aspect of a clinical situation. Physicians and patients should not rely on this information in making health care decisions. Physicians and patients must exercise their independent clinical discretion and judgment in determining care. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the Member's Evidence of Coverage (EOC)/Summary of Benefits (SB). If there is a discrepancy between this policy and the member's EOC/SB, the member's EOC/SB provision will govern. The information contained in this document is believed to be current as of the date noted.

The benefit information in this Coverage Summary is based on existing national coverage policy; however, Local Coverage Determinations (LCDs) may exist and compliance with these policies are required where applicable.

UnitedHealthcare follows Medicare coverage guidelines found in statutes, regulations, NCDs, and LCDs to determine coverage. The clinical coverage criteria governing the items or services in this coverage summary have not been fully established in applicable Medicare guidelines because there is an absence of any applicable Medicare statutes, regulations, NCDs, or LCDs setting forth coverage criteria and/or the applicable NCDs or LCDs include flexibility that explicitly allows for coverage in circumstances beyond the specific indications that are listed in an NCD or LCD. As a result, UnitedHealthcare applies internal coverage criteria in the UnitedHealthcare commercial policies referenced in this coverage summary. The coverage criteria in these commercial policies was developed through an evaluation of the current relevant clinical evidence in acceptable clinical literature and/or widely used treatment guidelines. UnitedHealthcare evaluated the evidence to determine whether it was of sufficient quality to support a finding that the items or services discussed in the policy might, under certain circumstances, be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

CPT® is a registered trademark of the American Medical Association.