

# Medical Policy



## Pessary

### ▼Description

A pessary is a device inserted into and worn in the vagina, to support the uterus, or remedy a malposition. The pessary is used for the nonsurgical management of a number of gynecologic conditions and is most commonly used in the management of pelvic support defects such as cystocele and rectocele.

### ▼Policy

A pessary device is considered **medically necessary** for the treatment of Members with stress or mixed urinary incontinence and for the treatment of pelvic organ (uterine) prolapse.

A pessary is considered experimental and investigational for other indications because its effectiveness for indications other than the ones listed above has not been established.

### ▼Policy Guidelines

Coverage Criteria:

Must be ordered by the Member's treating physician.

### Covered ICD-10 CODES

N39.3 - N39.9	Urinary incontinence
N39.46	Mixed incontinence (female) (male)

N81.0 - N81.9	Female genital prolapse
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▼ **HCPSC Level II Codes and Description**

A4561 Pessary, rubber, any type

A4562 Pessary, non-rubber, any type

▼ **Important Note:**

Northwood’s Medical Policies are developed to assist Northwood in administering plan benefits and determining whether a particular DMEPOS product or service is reasonable and necessary. Equipment that is used primarily and customarily for a non-medical purpose is not considered durable medical equipment.

Coverage determinations are made on a case-by-case basis and are subject to all of the terms, conditions, limitations, and exclusions of the member’s contract including medical necessity requirements.

The conclusion that a DMEPOS product or service is reasonable and necessary does not constitute coverage. The member’s contract defines which DMEPOS product or service is covered, excluded or limited. The policies provide for clearly written, reasonable and current criteria that have been approved by Northwood’s Medical Director.

The clinical criteria and medical policies provide guidelines for determining the medical necessity for specific DMEPOS products or services. In all cases, final benefit determinations are based on the applicable contract language. To the extent there are any conflicts between medical policy guidelines and applicable contract language, the contract language prevails. Medical policy is not intended to override the policy that defines the member’s benefits, nor is it intended to dictate to providers how to direct care. Northwood Medical policies shall not be interpreted to limit the benefits afforded to Medicare or Medicaid members by law and regulation and Northwood will use the applicable state requirements to determine required quantity limit guidelines.

Northwood’s policies do not constitute medical advice. Northwood does not provide or recommend treatment to members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

▼ **References**

1. Aetna: Urinary Incontinence Treatments  
[http://www.aetna.com/cpb/medical/data/200\\_299/0223.html](http://www.aetna.com/cpb/medical/data/200_299/0223.html) (accessed November 2011). Policy reviewed by Aetna 12-8-15 No changes. Accessed December 2017.
2. Davila GW, Ostermann KV. The bladder neck support prosthesis: A nonsurgical approach to stress incontinence in adult women. *Am J Obstet Gynecol.* 1994;171(1):206-211.
3. Kondo A, Yokoyama E, Koshiba K, et al. Bladder neck support prosthesis: A nonoperative treatment for stress or mixed urinary incontinence. *J Urol.* 1997;157(3):824-827.
4. Davila GW, Neal D, Horbach N, et al. A bladder-neck support prosthesis for women with stress and mixed incontinence. *Obstet Gynecol.* 1999;93(6):938-942.
5. Bash KL. Review of vaginal pessaries. *Obstet Gynecol Surv.* 2000;55(7):455-460.
6. Viera AJ, Larkins-Pettigrew M. Practical use of the pessary. *Am Fam Physician.* 2000;61(9):2719-2726, 2729.
7. Mouritsen L. Effect of vaginal devices on bladder neck mobility in stress incontinent women. *Acta Obstet Gynecol Scand.* 2001;80(5):428-431.
8. Shaikh S, Ong EK, Glavind K, et al. Mechanical devices for urinary incontinence in women. *Cochrane Database Syst Rev.* 2006;(3):CD1756.

**Applicable URAC Standard**

Core 8	Staff operational tools and support
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**Change/Authorization History**

Revision Number	Date	Description of Change	Prepared/Reviewed by	Approved by	Review Date:
A	11-20-06	Initial Release	Rosanne Brugnoni	Ken Fasse	n/a
01		Annual Review – no changes	Susan Glomb	Ken Fasse	Dec. 2008
02	12-22-09	Annual Review- no changes	Susan Glomb	Ken Fasse	Dec. 2009

03	12-03-10	Annual Review – No changes	Susan Glomb	Ken Fasse	Dec.2010
04	07-20-11	Added Important Note to all Medical Policies	Susan Glomb	Dr. B. Almasri	
05	11-11-11	Annual Review. Added References to Policy	Susan Glomb	Dr. B. Almasri	Nov. 2011
06	04-04-12	Added reference to NH Medicaid	Susan Glomb	Dr. B. Almasri	
07	12-03-12	Annual Review – No changes	Susan Glomb	Dr. B. Almasri	Dec 12
08	12-11-13	Annual Review. No changes	Susan Glomb	Dr. B. Almasri	
09	11-25-14	Annual Review. No changes	Susan Glomb	Dr. B. Almasri	
10	12-11-15	Annual Review. Aetna Reference checked. Review date: 12-8-15 ICD-10 codes added to policy.	Susan Glomb	Dr. B. Almasri	12-11-15
11	12-02-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	December 2016
12	12-15-17	Annual Review. Updated medical criteria requirements.	Lisa Wojno	Dr. Cheryl Lerchin	
13	11-30-18	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	November 2018