

## Medical Policy



### Non-Implantable Pelvic Floor Electrical Stimulator

#### ▼ Description

A pelvic floor electrical stimulator is a device which is used in the treatment of urinary incontinence by delivering an electrical current to the muscles of the pelvic floor, causing them to contract.

#### ▼ Policy

A pelvic floor electrical stimulator is considered experimental and investigational for all indications, therefore, a **non-covered** item.

#### ▼ HCPCS Level II Codes and Description

E0740	Incontinence treatment system, pelvic floor stimulator, monitor, sensor and/or trainer
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#### ▼ 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**

MassHealth DME & Oxygen Payment and Coverage Guideline Tool

Blue Cross Blue Shield of Massachusetts, Policy number 470. BCBSA Reference number: 1.01.17

**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	Nov.2006	Initial Release	Rosanne Brugnani	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	11-18-11	Annual Review. Added Reference to Policy	Susan Glomb	Dr. B. Almasri	Nov. 2011
06	11-29-12	Annual review. No changes.	Susan Glomb	Dr. B. Almasri	Nov. 2012
07	12-18-13	Annual review. No changes	Susan Glomb	Dr. B. Almasri	

08	11-25-14	Annual Review. No changes	Susan Glomb	Dr. B. Almasri	
09	12-04-15	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	December 2015
10	12-02-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	December 2016
11	12-18-17	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	December 2017
12	12-12-18	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	December 2018
13	1-30-19	Policy changed to reflect current guidelines. References added.	Carol Dimech	Dr. C. Lerchin	January 2019