

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 practitioner.

ICD-10 Codes that Support Medical Necessity:

N39.3 - N39.9	Urinary incontinence
N39.46	Mixed incontinence (female) (male)
N81.0 - N81.9	Female genital prolapse

HCPCS Level II Codes and Description

A4561	Pessary, rubber, any type
A4562	Pessary, non-rubber, any type
A4564	Pessary, disposable, any type

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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.

Northwood follows all CMS National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), as applicable.

References

1. Aetna: Urinary Incontinence Treatments
http://www.aetna.com/cpb/medical/data/200_299/0223.html Last accessed and reviewed 11-18-24.

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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.

Change/Authorization History

Revision Number	Date	Description of Change	Prepared/Reviewed by	Approved by	Review Date:	Effective Date:
A	11-20-06	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	11-11-11	Annual Review. Added References to Policy	Susan Glomb	Dr. B. Almasri	Nov. 2011	
06	12-03-12	Annual review – no changes.	Susan Glomb	Dr. B. Almasri	Dec. 2012	

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07	12-11-13	Annual review. No changes	Susan Glomb	Dr. B. Almasri		
08	12-1-14	Annual Review. No changes	Susan Glomb	Dr. B. Almasri		
09	12-11-15	Annual review. Aetna reference checked. Last review 12-8-15. Policy updated with ICD-10 codes.	Susan Glomb	Dr. B. Almasri		
10	12-02-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	December 2016	
11	12-15-17	Annual Review. Updated medical criteria requirements.	Lisa Wojno	Dr. Cheryl Lerchin	December 2017	
12	11-30-18	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	November 2018	
13	11-20-19	Annual Review. No Changes.	Carol Dimech	Dr. C. Lerchin	November 2019	
14	11-10-20	Annual Review. Changed 'physician' to 'practitioner' and changed 'covered' to 'supports medical necessity'.	Lisa Wojno	Dr. C. Lerchin	November 2020	
15	11-12-21	Annual review. Added NCD, LCD verbiage to "Important Note".	Carol Dimech	Dr. C. Lerchin	November 12, 2021	
16	11-15-22	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	11-15-22	11-15-22
17	11-14-23	Annual Review. No Changes.	Carol Dimech	Dr. C. Lerchin	11-14-23	11-14-23
18	11-18-24	Annual review. Added code A4564 Pessary, Disposable, any type.	Carol Dimech/Susan Glomb	Dr. C. Lerchin	11-18-24	11-18-24