

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 |

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

Medical Policy



Pessary

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 11-7-25.
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.

Medical Policy



Pessary

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 | 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 | | |

Medical Policy



Pessary

| | | | | | | |
|----|----------|---|--------------|--------------------|---------------|---------------|
| 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 | |
| 14 | 11-20-19 | Annual Review. No Changes. | Carol Dimech | Dr. C. Lerchin | November 2019 | November 2019 |
| 15 | 11-10-20 | Annual Review. Changed 'physician' to 'practitioner' and changed 'covered' to 'supports medical necessity'. | Lisa Wojno | Dr. C. Lerchin | November 2020 | |
| 16 | 11-24-21 | Annual review. Added NCD, LCD verbiage to "Important Note". | Carol Dimech | Dr. C. Lerchin | 11-24-21 | 11-24-21 |
| 17 | 11-15-22 | Annual review. No changes. | Carol Dimech | Dr. C. Lerchin | 11-15-22 | 11-15-22 |
| 18 | 11-14-23 | Annual Review. No Changes. | Carol Dimech | Dr. C. Lerchin | 11-14-23 | 11-14-23 |
| 19 | 11-18-24 | Annual review. Added HCPCS code per Aetna A4564 Pessary, disposable, any type. | Carol Dimech | Dr. C. Lerchin | 11-18-24 | 11-18-24 |
| 20 | 11-7-25 | Annual review. No changes. | Lisa Wojno | Dr. C. Lerchin | 11-7-25 | 11-7-25 |