MEDICAL POLICY

Excellus
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Medical Policy Title	**Pelvic Floor Electrical Stimulation as a Treatment for Urinary or Fecal Incontinence**
Policy Number	**1.01.19**
Current Effective Date	April 17, 2025
Next Review Date	April 2026

Our medical policies are based on the assessment of evidence based, peer-reviewed literature, and professional guidelines. Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract. (Link to Product Disclaimer)

POLICY STATEMENT(S)

Pelvic floor electrical stimulation (PFES) is considered **not medically necessary** as the treatment for urinary or fecal incontinence.

RELATED POLICIES

Corporate Medical Policy

1.01.55 Electrical Stimulation as a Treatment for Pain and other Medical Conditions

7.01.10 Sacral Nerve Stimulation

8.01.22 Tibial Nerve Stimulation (TNS) for Voiding Dysfunction

POLICY GUIDELINE(S)

Not Applicable

DESCRIPTION

Urinary Incontinence

Urinary incontinence is defined by the International Continence Society (ICS) as "a condition in which involuntary loss of urine is a social or hygienic problem." The National Institute of Health (NIH) statistics indicate that urinary incontinence is estimated to affect 10-12 million people in the United States, two-thirds of whom are female.

Pelvic Floor Electrical Stimulation (PFES)

PFES is the application of electrical current to the pudendal nerve. This electrical stimulation causes reflex contraction of the pelvic floor musculature (detrusor/bladder muscle and levator ani muscle). PFES is applied to the body using skin electrodes around the anus or by vaginal or rectal sensors (probes). PFES may be used alone or in conjunction with biofeedback or pelvic floor muscle exercises. The goal of PFES is to regain volitional control of the pelvic floor muscles through their passive activation. The patient should progress to regaining voluntary control of muscle contraction without stimulation, increasing the strength of pelvic floor muscles, thereby eliminating urinary leakage.

PFES has been advocated as a treatment for urinary stress incontinence, urge incontinence, and incontinence due to detrusor instability. PFES is also being investigated as a treatment modality for patients with fecal incontinence due to pelvic floor dysfunction and has been proposed as a non-invasive alternative to surgical intervention for patients with damage to the anal sphincter.

SUPPORTIVE LITERATURE

Published studies of randomized, controlled clinical trials investigating this treatment modality have reported inconsistent and/or inconclusive results. The evidence is insufficient to determine the effectiveness of pelvic floor electrical stimulation on urinary incontinence or fecal incontinence. There is insufficient evidence from clinical trials to determine whether electrical stimulation is more effective than pelvic floor muscle exercises or even sham electrical stimulation.

A randomized control trial conducted by Ignácio Antônio et al. (2022) to evaluate the effects of an intravaginal electrical stimulation regimen on the ability to voluntary contract the pelvic floor muscles and urinary incontinence. They followed 64 women with pelvic floor muscle function (grade 0 or 1) for 8 weeks. The participants we randomized to an experimental group that received weekly 20-minute sessions of intravaginal electrical stimulation and the control group received no intervention. After 8 weeks the ability to contract the pelvic floor muscles was acquired by 36% in the experimental group, and 12% in the control group. The experimental group improved by a mean of 2 points more than the control group, based on the International Consultation in Incontinence Questionnaire on Urinary Incontinence-Short Form.

PROFESSIONAL GUIDELINE(S)

The American Urological Association (AUA) and Society of Urodynamics, Female Pelvic Medicine & Urological Reconstruction (SUFU) released guidelines in 2024 on the diagnosis and treatment of idiopathic overactive bladder it states:

- Clinicians may offer select non-invasive therapies to all patients with overactive bladder (OAB).
    - "Non-invasive therapies, such as pelvic floor muscle therapy (PFMT), transcutaneous tibial nerve stimulation, transvaginal electrical stimulation, and yoga are conservative therapies for OAB that are provided by a healthcare professional and require participation by the patient."

The AUA 2023 amended guidelines for the surgical treatment of female stress urinary incontinence it states:

- "Laser and magnetic/electrical stimulation therapy are emerging therapies for the treatment of SUI. However, evidence to date is inconsistent and of poor quality. The Panel acknowledges that these therapies exist and may offer some benefit in index SUI patients seeking non-surgical treatment. However, given the limitations in rigorous evidence-based data supporting their use and FDA advisory warning against the use of energy-based devices for "vaginal rejuvenation," patients should be extensively counseled on the immaturity of the data."

The National Institute of Health and Care Excellence (NICE) guidelines:

- NICE guideline (NG)123 Urinary incontinence and pelvic organ prolapse in women: management was updated June 24, 2019, and continues its guidelines from 2006 that states:
    - Electrical stimulation should not be used routinely in the treatment of overactive bladder or in combination with pelvic floor muscle training.
    - Electrical stimulation and/or biofeedback should be considered for women who cannot actively contract pelvic floor muscles to aid motivation and adherence to therapy.
- NG120 Pelvic floor dysfunction: prevention and non-surgical management published on December 9, 2021 states:
    - For women who are unable to perform an effective pelvic floor muscle contraction, consider supplementing pelvic floor muscle training with biofeedback techniques, electrical stimulation or vaginal cones.

REGULATORY STATUS

Not Applicable

CODE(S)

- Codes may not be covered under all circumstances.
- Code list may not be all inclusive (AMA and CMS code updates may occur more frequently than policy updates).
- (E/I)=Experimental/Investigational
- (NMN)=Not medically necessary/appropriate

CPT Codes

Code	Description
97014 (*NMN)	Application of a modality to one (1) or more areas; electrical stimulation (unattended) *NMN for ICD-10 Diagnosis codes: N39.3, N39.41-N39.498, R15.0-R15.9, R32
97032 (*NMN)	Application of a modality to one (1) or more areas; electrical stimulation (manual), each 15 minutes *NMN for ICD-10 Diagnosis codes: N39.3, N39.41-N39.498, R15.0-R15.9, R32

HCPCS Codes

Code	Description
E0740 (NMN)	Non-implanted pelvic floor electrical stimulator, complete system

Code	Description
E0715 (NMN)	Intravaginal device intended to strengthen pelvic floor muscles during kegel exercises (effective 10/01/24)
G0283 (*NMN)	Electrical stimulation (unattended), to one (1) or more areas for indication(s) other than wound care, as part of a therapy plan of care *NMN for ICD-10 Diagnosis codes: N39.3, N39.41-N39.498, R15.0-R15.9, R32

ICD10 Codes

Code	Description
N39.3	Stress incontinence (female) (male)
N39.41-N39.498	Other specified urinary incontinence (code range)
R15.0-R15.9	Fecal incontinence (code range)
R32	Unspecified urinary incontinence

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SEARCH TERMS

Not Applicable

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

Non-Implantable Pelvic Floor Electrical Stimulator (NCD 230.8) [accessed 2025 Feb 19]

PRODUCT DISCLAIMER

- Services are contract dependent; if a product does not cover a service, medical policy criteria do not apply.
- If a commercial product (including an Essential Plan or Child Health Plus product) covers a specific service, medical policy criteria apply to the benefit.
- If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit.
- If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) product) covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.
- If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.

POLICY HISTORY/REVISION

Committee Approval Dates

08/16/01, 07/18/02, 05/21/03, 06/17/04, 06/16/05, 06/15/06, 05/17/07, 05/14/08, 09/18/08, 09/17/09, 09/16/10, 09/15/11, 09/20/12, 09/19/13, 09/18/14, 09/17/15, 07/21/16, 07/20/17, 07/19/18, 07/18/19, 06/18/20, 06/17/21, 06/16/22, 06/22/23, 06/20/24, 04/17/25

Date	Summary of Changes
04/17/25	• Annual review. Policy intent unchanged.
01/01/25	• Summary of changes tracking implemented.

09/16/99	• Original effective date