Transurethral Radiofrequency Micro-Remodeling for Female Stress Urinary Incontinence

Medical Guideline Disclaimer

Property of EmblemHealth. All rights reserved. The treating physician or primary care provider must submit to EmblemHealth the clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, EmblemHealth will not be able to properly review the request for prior authorization. The clinical review criteria expressed below reflects how EmblemHealth determines whether certain services or supplies are medically necessary. EmblemHealth established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). EmblemHealth expressly reserves the right to revise these conclusions as clinical information changes, and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by EmblemHealth, as some programs exclude coverage for services or supplies that EmblemHealth considers medically necessary. If there is a discrepancy between this guideline and a member’s benefits program, the benefits program will govern. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members. All coding and web site links are accurate at time of publication. EmblemHealth Services Company LLC, ("EmblemHealth") has adopted the herein policy in providing management, administrative and other services to HIP Health Plan of New York, HIP Insurance Company of New York, Group Health Incorporated and GHI HMO Select, related to health benefit plans offered by these entities. All of the aforementioned entities are affiliated companies under common control of EmblemHealth Inc.

Definition

The procedure uses radiofrequency energy to generate controlled heat at low temperatures in tissue targets within the lower urinary tract. The heat denatures collagen in the tissue at multiple small treatment sites. Upon healing, the treated tissue is firmer, increasing resistance to involuntary leakage at times of heightened intra-abdominal pressure, such as laughing, coughing or during exercise, thereby reducing or eliminating SUI episodes.

Guideline

Female members are eligible for coverage of transurethral radiofrequency tissue remodeling for the treatment of stress urinary incontinence (SUI) when the following criteria are met:

1. Moderate to severe SUI in a member unable or unwilling to undergo surgery
2. Failure of a stepped approach consisting of conservative methods include the following:
   a. Lifestyle changes (e.g., weigh loss, diet)
   b. Behavioral methods (e.g., bladder training, pelvic muscle exercises)
   c. Pharmacologic therapy (e.g., antimuscarinics)
   d. Other minimally invasive adjunctive approaches (e.g., continence pessaries, non-implantable pelvic floor electrical stimulation)

Limitations/Exclusions

1. RFA repeated within < 1 year is not considered medically necessary
2. RFA for pregnant women is not considered medically necessary
3. Use of the transvaginal radiofrequency bladder neck suspension (SURx Transvaginal System®) for SUI is not considered medically necessary, as its use is investigational

1 Behavioral methods may not be effective in the presence of cognitive impairment.
2 Sacral stimulators, where electrodes are placed percutaneously adjacent to the S3 dorsal roots, are not appropriate for SUI-type incontinence.
Applicable Procedure Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>53860</td>
<td>Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence</td>
</tr>
</tbody>
</table>

Applicable ICD-10 Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>N39.3</td>
<td>Stress incontinence (female) (male)</td>
</tr>
</tbody>
</table>

References


Specialty-matched clinical peer review.