



MEDICAL COVERAGE GUIDELINES
SECTION: MEDICINE

ORIGINAL EFFECTIVE DATE: 06/14/11
LAST REVIEW DATE: 09/18/18
LAST CRITERIA REVISION DATE: 06/06/17
ARCHIVE DATE:

URINARY DISORDER TREATMENTS

Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Medical Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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URINARY DISORDER TREATMENTS (cont.)

Description:

Artificial Urinary Sphincter (AUS):

AUS restores continence by keeping the urethra closed until the individual wants to urinate. The following components of the AUS are connected by tubing and filled with saline solution or a contrast medium:

- Cuff is surgically placed around the urethra to keep it closed
- Balloon is surgically placed near the bladder to control the amount of pressure exerted by the cuff
- Control pump is surgically placed in the scrotum to facilitate voiding

To urinate, the pump is squeezed to move fluid from the cuff to the pressure-regulating balloon. Afterward, the fluid automatically returns from the balloon to the cuff, restoring continence again. FDA approved devices include AMS Sphincter 800™ Urinary Control System and ProACT™ Adjustable Continence Therapy for Men.

Physical Therapy:

Techniques include pelvic floor muscle training and exercises designed to strengthen pelvic floor muscles.

Urgency-Frequency:

Uncontrollable urge to urinate that results in very frequent, small volumes.

Urinary Retention:

Inability to completely empty the bladder of urine.

Urinary Stress Incontinence:

Involuntary loss of urine from the urethra due to increased intra-abdominal pressure.

Urinary Urge Incontinence:

Leakage of urine when there is a strong urge to void.

Vesicoureteral Reflux (VUR):

Abnormal condition in which urine flows backward from the bladder to the kidneys. This condition causes recurrent urinary tract infections. FDA-approved bulking agent includes Deflux® Injectable Gel.

- Grade I: Mild form and generally treated with antibiotics
Grade II – IV: Treated with bulking agents
Grade V: Treated with open surgery



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URINARY DISORDER TREATMENTS (cont.)

Criteria:

Artificial Urinary Sphincter:

- Implantation of an artificial urinary sphincter (AUS) for treatment of urinary incontinence is considered **medically necessary** with documentation of **ALL** of the following:
 1. Incontinence is secondary to permanent neurological dysfunction of bladder sphincter (i.e., radical prostatectomy or transurethral resection of the prostate (TURP)
 2. Failure to respond to 6 months of conservative treatment

Physical Therapy:

- Physical therapy for the treatment of stress urinary incontinence is considered **medically necessary**.
- Physical therapy for the treatment of urinary incontinence other than stress urinary incontinence is considered **experimental or investigational** based upon:
 1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
 2. Insufficient evidence to support improvement of the net health outcome, and
 3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives.

Vesicoureteral Reflux Treatments:

- Deflux for the treatment of individuals ages 1 through 18 with vesicoureteral reflux, grades II – IV is considered **medically necessary** when medical therapy (prophylactic antibiotics) has failed and surgical intervention is otherwise indicated.
- Deflux for all other indications not previously listed is considered **experimental or investigational** based upon lack of final approval from the Food and Drug Administration.



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URINARY DISORDER TREATMENTS (cont.)

Resources:

Literature reviewed 09/18/18. We do not include marketing materials, poster boards and non-published literature in our review.

The BCBS Association Medical Policy Reference Manual (MPRM) policy is included in our guideline review. References cited in the MPRM policy are not duplicated on this guideline.

Resources prior to 01/11/16 may be requested from the BCBSAZ Medical Policy and Technology Research Department.

1. 7.01.102 BCBS Association Medical Policy Reference Manual. Periureteral Bulking Agents as a Treatment of Vesicoureteral Reflux. Re-issue date 08/09/2018, issue date 06/27/2005.
2. Garcia-Sanchez E, Rubio-Arias JA, Avila-Gandia V, Ramos-Campo DJ, Lopez-Roman J. Effectiveness of pelvic floor muscle training in treating urinary incontinence in women: A current review. *Actas urologicas espanolas*. Jun 2016;40(5):271-278.
3. Paiva LL, Ferla L, Darski C, Catarino BM, Ramos JG. Pelvic floor muscle training in groups versus individual or home treatment of women with urinary incontinence: systematic review and meta-analysis. *Int Urogynecol J*. Mar 2017;28(3):351-359.
4. Singh N, Rashid M, Bayliss L, Graham P. Pelvic floor muscle training for female urinary incontinence: Does it work? *Archives of gynecology and obstetrics*. Jun 2016;293(6):1263-1269.
5. Syan R, Brucker BM. Guideline of guidelines: urinary incontinence. *BJU international*. Jan 2016;117(1):20-33.
6. UpToDate.com. Treatment of urinary incontinence in women. 08/28/2017, 08/05/2015.



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URINARY DISORDER TREATMENTS (cont.)

Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe'é atah nilinígíí Blue Cross Blue Shield of Arizona haada yit'éego bina'idííkidgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yina'idííkidgo beehaz'áanii hólo díí t'áa hazaadk'ehjí háká a'doowolgo bee haz'ą doo baqah ilínígóó. Ata' halne'ígíí kojí' bich'í' hodiilnih 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

Arabic:

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 877-475-4799.

