Subject: Extracorporeal Magnetic Stimulation for Urinary Incontinence*

Effective Date: October 26, 2004

Department(s): Utilization Management

Policy: Extracorporeal Magnetic Stimulation for urinary incontinence is not reimbursable under Plans administered by QualCare, Inc.

Objective: To assure proper and consistent reimbursement and to exclude coverage of an intervention of as yet unproven efficacy.

Procedure: Requests for extracorporeal magnetic stimulation (pulsed magnetic neuromodulation) (CPT 0029T or 53899) for urinary incontinence will be denied.

The reason for denial is that there is not a significant body of evidence in refereed literature that documents the efficacy of this therapeutic intervention. It is therefore deemed experimental, investigational, or unproven.

References


Choe JH, Choo MS, Lee KS. Symptom change in women with overactive bladder after extracorporeal magnetic stimulation: A prospective trial. *Int Urogynecol J Pelvic Floor Dysfunct* 2007;18(8):875-880 (Aug)


*Drafted By/Date: B. Fisher, MD/09/15/04
Approved By/Date: QM Committee 10/26/04
Reviewed without Revision By/Date: B. Fisher, MD 09/21/07
Approved By/Date: QM Committee 10/23/07
Revised By/Date: B. Fisher, MD/04/02/09
Approved By/Date: QM Committee 04/28/09
Revised By/Date: MMcNeil MD 07/05/11
Approved By/Date: QM Committee, 07/26/11

*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.