Subject: Pulsed Magnetic Neuromodulation for Urinary Incontinence*

Updated: April 28, 2009

Department(s): Utilization Management

Policy: Pulsed Magnetic Neuromodulation 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 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)


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