NEW/REVISED MATERIAL--

**EFFECTIVE DATE:** January 1, 2002  
**IMPLEMENTATION DATE:** January 1, 2002

Section 65-18, **Sacral Nerve Stimulation for Urinary Incontinence** is added to the section as the result of a national coverage decision.

These instructions should be implemented within your current operating budget.

**DISCLAIMER:** The revision date and transmittal number only apply to the redlined material. All other material was previously published in the manual and is only being reprinted.
COVERAGE ISSUES

Endothelial Cell Photography 50-38
Telephone Transmission of Electroencephalograms 50-39
Ambulatory Electroencephalographic (EEG) Monitoring 50-39.1
Stereotaxic Depth Electrode Implantation 50-40
Human Tumor Stem Cell Drug Sensitivity Assays 50-41
Ambulatory Blood Pressure Monitoring With Fully and
   Semi-Automatic (Patient-Activated) Portable Monitors 50-42
Digital Subtraction Angiography 50-43
Bone (Mineral) Density Study 50-44
Lymphocyte Mitogen Response Assays 50-45
Transillumination Light Scanning, or Diaphanography 50-46
Cardiointegram (CIG) as an Alternative to Stress Test or
   Thallium Stress Test 50-47
Portable Hand-Held X-Ray Instrument 50-48
Computer Enhanced Perimetry 50-49
Displacement Cardiography 50-50
Diagnostic Breath Analyses 50-51
Serologic Testing for Acquired Immunodeficiency Syndrome (AIDS) 50-52
Food Allergy Testing and Treatment 50-53
Cardiac Output Monitoring by Electrical Bioimpedance 50-54

Dialysis Equipment

Water Purification and Softening Systems Used In
   Conjunction With Home Dialysis 55-1
Peridex CAPD Filter Set 55-2
Ultrafiltration Monitor 55-3

Durable Medical Equipment

White Cane for Use by a Blind Person 60-3
Home Use of Oxygen 60-4
Power-Operated Vehicles That May Be Used as
   Wheelchairs 60-5
Specially Sized Wheelchairs 60-6
Self-Contained Pacemaker Monitors 60-7
Seat Lift 60-8
Durable Medical Equipment Reference List 60-9
Home Blood Glucose Monitors 60-11
Infusion Pumps 60-14
Safety Roller 60-15
Lymphedema Pumps 60-16
Continuous Positive Airway Pressure (CPAP) 60-17
Hospital Beds 60-18
Air-Fluidized Bed 60-19
Transcutaneous Electrical Nerve Stimulators (TENS) 60-20
Intrapulmonary Percussive Ventilator (IPV) 60-21
Vagus Nerve Stimulation for Treatment of Seizures 60-22
Speech Generating Devices 60-23
Non-Implantable Pelvic Floor Electrical Stimulator 60-24

Rev. 144
COVERAGE ISSUES

Prosthetic Devices

Hydrophilic Contact Lenses 65-1
Electrical Continence Aid 65-2
Scleral Shell 65-3
Carotid Sinus Nerve Stimulator 65-4
Electronic Speech Aids 65-5
Cardiac Pacemakers 65-6
Intraocular Lenses (IOLs) 65-7
Electrical Nerve Stimulators 65-8
Incontinence Control Devices 65-9
Enteral and Parenteral Nutritional Therapy Covered as Prosthetic Device 65-10
Parenteral Nutrition Therapy 65-10.1
Enteral Nutrition Therapy 65-10.2
Nutritional Supplementation 65-10.3
Bladder Stimulators (Pacemakers) 65-11
Phrenic Nerve Stimulator 65-13
Cochlear Implantation 65-14
Artificial Hearts and Related Devices 65-15
Tracheostomy Speaking Valve 65-16
Urinary Drainage Bags 65-17
Sacral Nerve Stimulation For Urinary Incontinence 65-18

Braces - Trusses - Artificial Limbs and Eyes

Corset Used as Hernia Support 70-1
Sykes Hernia Control 70-2
Prosthetic Shoe 70-3

Patient Education Programs

Institutional and Home Care Patient Education Programs 80-1

Nursing Services

Home Health Visits to a Blind Diabetic 90-1
Home Health Nurses' Visits to Patients Requiring Heparin Injections 90-2

Rev. 144
65-16 TRACHEOSTOMY SPEAKING VALVE

A trachea tube has been determined to satisfy the definition of a prosthetic device, and the tracheostomy speaking valve is an add on to the trachea tube which may be considered a medically necessary accessory that enhances the function of the tube. In other words, it makes the system a better prosthesis. As such, a tracheostomy speaking valve is covered as an element of the trachea tube which makes the tube more effective.

65-17 URINARY DRAINAGE BAGS

Urinary collection and retention system are covered as prosthetic devices that replace bladder function in the case of permanent urinary incontinence. Urinary drainage bags that can be used either as bedside or leg drainage bags may be either multi-use or single use systems. Both the multi-use and the single use bags have a system that prevents urine backflow. However, the single use system is non-drainable. There is insufficient evidence to support the medical necessity of a single use system bag rather than the multi-use bag. Therefore, a single use drainage system is subject to the same coverage parameters as the multi-use drainage bags.

65-18 SACRAL NERVE STIMULATION FOR URINARY INCONTINENCE

Effective January 1, 2002, sacral nerve stimulation is covered for the treatment of urinary urge incontinence, urgency-frequency syndrome, and urinary retention. Sacral nerve stimulation involves both a temporary test stimulation to determine if an implantable stimulator would be effective and a permanent implantation in appropriate candidates. Both the test and the permanent implantation are covered.

The following limitations for coverage apply to all three indications:

(1) Patient must be refractory to conventional therapy (documented behavioral, pharmacologic and/or surgical corrective therapy) and be an appropriate surgical candidate such that implantation with anesthesia can occur.

(2) Patients with stress incontinence, urinary obstruction, and specific neurologic diseases (e.g., diabetes with peripheral nerve involvement) which are associated with secondary manifestations of the above three indications are excluded.

(3) Patient must have had a successful test stimulation in order to support subsequent implantation. Before a patient is eligible for permanent implantation, he/she must demonstrate a 50% or greater improvement through test stimulation. Improvement is measured through voiding diaries.

(4) Patient must be able to demonstrate adequate ability to record voiding diary data such that clinical results of the implant procedure can be properly evaluated.