



## Medica Central Coverage Policy

**Title:** Extracorporeal Magnetic Stimulation for the Treatment Of Urinary Incontinence MP9705

**Effective Date:** 09/01/2025

### Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. <https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers>

Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

### Coverage Policy

Extracorporeal magnetic stimulation (EMS), sometimes referred to as extracorporeal magnetic innervation (ExMI), is investigative and unproven and therefore **NOT COVERED** for the treatment of stress, urge, and mixed urinary incontinence. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the efficacy or effects on health care outcomes.

**Note:** See also related coverage policies:

- Posterior Tibial Nerve Stimulation for Urinary Voiding Dysfunction
- Transvaginal and Transurethral Radiofrequency (RF) Treatments of Stress Urinary Incontinence in Women
- Utilization Management Policy - Sacral Nerve Stimulation (SNS).

### Description

Extracorporeal magnetic stimulation (EMS), also called extracorporeal magnetic innervation (ExMI), is a non-invasive therapy for treatment of stress, urge, and mixed urinary incontinence. The treatment is based on Faraday's law of magnetic induction which states that an electric current will flow in a conducting medium in response to changes in a pulsating magnetic field. Stimulation of the pelvic floor muscles causes contraction of the muscles and the bladder sphincter. This contraction is intended to strengthen the pelvic floor musculature to improve continence. Treatment is delivered in an outpatient setting using a specially designed chair that houses the magnetic field generator. A control unit is located on a base next to the chair and houses the operator interface, system controls and pulse generator. Treatment sessions of 20-minutes each are given twice a week for approximately eight weeks.



## Medica Central Coverage Policy

### FDA Approval

The NeoControl® Pelvic Floor Therapy System (Neotonus, Inc., Marietta, GA) was initially approved in June 1998 to provide non-invasive electromagnetic stimulation of pelvic floor muscles for the treatment of urinary incontinence in women. The 510(k) approval was amended in 2000 to remove the contraindication for patients with cardiac arrhythmia.

The MyoTrac Infiniti System (Thought Technology, LTD, Montreal, Quebec) was approved in March 2006 for acute and ongoing treatment of stress, urge, or mixed urinary incontinence.

### Prior Authorization

Prior authorization is not applicable. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

### Coding Considerations

Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

### CPT Codes:

- **53899** - Unlisted procedure, urinary system

	<b>Committee/Source</b>	<b>Date(s)</b>
<b>Document Created:</b>	Medical Policy Committee/Health Services Division	December 20, 2023
<b>Revised:</b>	Medical Policy Committee/Health Services Division	May 15, 2024
<b>Reviewed:</b>	Medical Policy Committee/Health Services Division	May 15, 2024

Original Effective Date: 01/01/2024  
Re-Review Date(s): 04/17/2025

Administrative Update(s):

© 2025 Medica.