LifeWise
Health Plan of Washington

MEDICAL POLICY – 1.01.17

Pelvic Floor Stimulation as a Treatment of Urinary and Fecal Incontinence

BCBSA Ref. Policy: 1.01.17

Effective Date:	Sep. 4, 2026
Last Revised:	May 12, 2026
Replaces:	N/A

RELATED MEDICAL POLICIES:

1.01.507	Electrical Stimulation Devices
5.01.512	Botulinum Toxins
7.01.69	Sacral Nerve Neuromodulation and Stimulation
7.01.574	Implantable Peripheral Nerve Stimulation for the Treatment of Chronic Pain and other Conditions

Select a hyperlink below to be directed to that section.

POLICY CRITERIA | DOCUMENTATION REQUIREMENTS | CODING
RELATED INFORMATION | EVIDENCE REVIEW | REFERENCES | HISTORY

∞ Clicking this icon returns you to the hyperlinks menu above.

Introduction

Electrical or magnetic stimulation of the pelvic floor muscles is a technique that uses small electrical currents or magnetic pulses to activate the muscles that support the bladder and bowel. These muscles help control urine and stool, and they may become weak or hard to control over time. Urinary or fecal incontinence means trouble holding urine or stool, which can lead to leakage and impact daily life. Some devices are designed to improve muscle strength or control by stimulating these muscles, a method called pelvic floor stimulation. Electrical or magnetic stimulation of the pelvic floor muscles (pelvic floor stimulation) is considered investigational (unproven). There's not enough evidence to show they are effective.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Policy Coverage Criteria

Service	Investigational
Electrical or magnetic stimulation of the pelvic floor muscles (pelvic floor stimulation)	**Electrical or magnetic stimulation of the pelvic floor muscles (pelvic floor stimulation) as a treatment for urinary incontinence is considered investigational.** **Electrical or magnetic stimulation of the pelvic floor muscles (pelvic floor stimulation) as a treatment for fecal incontinence is considered investigational.** **Note**: Examples of some products (this list is not all inclusive): (Regenesis EMS Chair, Emsella [formerly known as HPM-6000UF], NeoControl Pelvic Floor Therapy System), and other vaginal and rectal probes used for pelvic floor stimulation

Coding

Code	Description
CPT	
53899	Unlisted procedure, urinary system
HCPCS	
E0740	Incontinence treatment system; pelvic floor stimulator, monitor, sensor and/or trainer

Note: CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). HCPCS codes, descriptions and materials are copyrighted by Centers for Medicare Services (CMS).

Related Information

N/A

Evidence Review

Description

Pelvic floor stimulation is proposed as a nonsurgical treatment option for women and men with urinary or fecal incontinence. This approach involves either electrical stimulation of pelvic floor musculature or extracorporeal pulsed magnetic stimulation.

Background

Pelvic Floor Stimulation

Pelvic floor stimulation (PFS) involves electrical stimulation of pelvic floor muscles using either a probe wired to a device for controlling the electrical stimulation or, more recently, extracorporeal electromagnetic (also called magnetic) pulses. Stimulation of the pudendal nerve to activate the pelvic floor musculature may improve urethral closure. In addition, PFS is thought to improve partially denervated urethral and pelvic floor musculature by enhancing the process of reinnervation. Methods of electrical PFS have varied in location (eg, vaginal, rectal), stimulus frequency, stimulus intensity or amplitude, pulse duration, pulse to rest ratio, treatments per day, number of treatment days per week, length of time for each treatment session, and overall time period for device use between clinical and home settings. Variations in the amplitude and frequency of the electrical pulse are used to mimic and stimulate the different physiologic mechanisms of the voiding response, depending on the etiology of the incontinence (i.e., either detrusor instability, stress incontinence, or a mixed pattern). Magnetic PFS does not require an internal electrode; instead, patients sit fully clothed on a specialized chair with an embedded magnet.

Patients receiving electrical PFS may undergo treatment in a physician's office or physical therapy facility, or patients may undergo initial training in a physician's office followed by home treatment with a rented or purchased pelvic floor stimulator. Magnetic PFS may be administered in the physician's office.

Summary of Evidence

For individuals who have urinary incontinence who receive electrical pelvic floor stimulation (PFS), the evidence includes systematic reviews. Relevant outcomes are symptoms, change in disease status, quality of life, and treatment-related morbidity. Findings from systematic reviews have not found that electrical PFS used to treat urinary incontinence in women consistently improves the net health outcome compared with placebo or other conservative treatments. Moreover, meta-analyses of RCTs have not found a significant benefit of electrical PFS in men with postprostatectomy incontinence compared with a control intervention. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

For individuals who have fecal incontinence who receive electrical PFS, the evidence includes systematic reviews and RCTs. Relevant outcomes are symptoms, change in disease status, quality of life, and treatment-related morbidity. Among the RCTs that have evaluated electrical PFS as a treatment for fecal incontinence, only 1 trial was sham-controlled, and it did not find that electrical stimulation improved the net health outcome. Systematic reviews of RCTs have not found that electrical stimulation is superior to control interventions for treating fecal incontinence. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

For individuals who have urinary incontinence who receive magnetic PFS, the evidence includes systematic reviews and RCTs. Relevant outcomes are symptoms, change in disease status, quality of life, and treatment-related morbidity. A systematic review of RCTs on magnetic PFS for urinary incontinence in women concluded that the evidence was insufficient due to the following factors: a low number of trials with short-term follow-up, methodologic limitations, as well as heterogeneity in patient populations, interventions, and outcomes reported. One RCT evaluating magnetic stimulation for treating men with postprostatectomy urinary incontinence reported short-term results favoring magnetic PFS; however, the trial was small and lacked a sham comparator. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

For individuals who have fecal incontinence who receive magnetic PFS, no relevant evidence was identified. Relevant outcomes are symptoms, change in disease status, quality of life, and treatment-related morbidity. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

Ongoing and Unpublished Clinical Trials

Some currently ongoing and unpublished trials that might influence this review are listed in **Table 1** below.

Table 1. Summary of Key Trials

NCT No.	Trial Name	Planned Enrollment	Completion Date
Ongoing			
NCT05952258	Magnetic Stimulation as a Treatment for Stress urinary Incontinence	158	Jul 2026
NCT05680168	Efficacy of Extracorporeal Magnetic Stimulation, Pelvic Floor Muscle Exercise, and Combination of Both in Management of Post Radical Prostatectomy Urinary Incontinence: A Randomized Controlled Trial	60	Dec 2029

NCT: national clinical trial

[a] Denotes industry-sponsored or cosponsored trial.

Practice Guidelines and Position Statements

The purpose of the following information is to provide reference material. Inclusion does not imply endorsement or alignment with the policy conclusions.

Guidelines or position statements will be considered for inclusion if they were issued by, or jointly by, a US professional society, an international society with US representation, or National Institute for Health and Care Excellence (NICE). Priority will be given to guidelines that are informed by a systematic review, include strength of evidence ratings, and include a description of management of conflict of interest.

American College of Gastroenterology

In 2021, the American College of Gastroenterology issued guidelines on the management of benign anorectal disorders.[24] In the section on fecal incontinence, pelvic floor stimulation (PFS) is not mentioned as a treatment option.

American Society of Colon and Rectal Surgeons

In 2023, the American Society of Colon and Rectal Surgeons updated an evidence-based guideline using GRADE methodology on treatment of fecal incontinence.[25] Dietary interventions and medical management are considered first-line treatments; PFS was not included in the recommendations.

American Urological Association et al

In 2024, the American Urological Association (AUA) and Society of Urodynamics, Female Pelvic Medicine and Urogenital Reconstruction (SUFU) updated guidelines on the diagnosis and management of overactive bladder.[26] Electromagnetic therapy is included as an example of non-invasive therapy. The recommendation states, "Clinicians may offer select non-invasive therapies to all patients with OAB." However, the guidelines also state, "While safety profiles are excellent across modalities, with few adverse effects and a high risk-benefit ratio, all non-invasive therapies do not have equivalent efficacy, and the evidence base is highly variable. Most non-invasive therapies require long-term patient compliance to maintain a durable effect, and patients should be counselled as such before embarking on a course of a potentially lifelong therapy." There is no additional information specific to PFS in the guidelines.

Joint guidelines issued in 2019 by the AUA and the Society of Urodynamics, Female Pelvic Medicine and Urogenital Reconstruction (SUFU) on management of post-prostatectomy urinary incontinence do not specifically address electrical or magnetic PFS as treatment options. Pelvic floor muscle training/exercise is recommended as first-line treatment for post-prostatectomy incontinence.[27] These guidelines were updated and amended in 2024, however they still do not specifically address electrical or magnetic PFS as treatment options.[28]

National Institute for Health and Care Excellence

In 2019, the NICE issued guidance on the management of urinary incontinence in women.[29] The NICE stated that electrical stimulation, alone or as an adjunct to pelvic floor muscle training, should not be routinely used to treat women with overactive bladder. The NICE guidance further stated: "electrical stimulation and/or biofeedback should be considered in women who cannot actively contract pelvic floor muscles in order to aid motivation and adherence to therapy." Magnetic PFS is not mentioned.

In 2007, the NICE issued guidance on the management of fecal incontinence in adults.[30] This guidance was last reviewed by NICE in 2018. The document stated that the evidence on electrical stimulation for treatment of fecal incontinence was inconclusive. The NICE recommended that patients who continue to have episodes of fecal incontinence after initial treatment be considered for specialized management, which may include electrical PFS. Magnetic PFS is not mentioned.

Medicare National Coverage

The national coverage determination for Non-Implantable Pelvic Floor Electrical Stimulator (230.8) stated: "Pelvic floor electrical stimulation with a non-implantable stimulator is covered for the treatment of stress and/or urge urinary incontinence in cognitively intact patients who have failed a documented trial of pelvic muscle exercise (PME) training."[31] The effective date was June 19, 2006. The document did not mention fecal incontinence.

Regulatory Status

Several electrical stimulators have been cleared by the US Food and Drug Administration (FDA) through the 510(k) process, such as nonimplanted electrical stimulators for treating urinary incontinence and predicate devices which are also used to treat urinary incontinence.

FDA product code: KPI.

References

1. Gorina Y, Schappert S, Bercovitz A, et al. Prevalence of incontinence among older americans. Vital Health Stat 3. Jun 2014; (36): 1-33. PMID 24964267
2. Markland AD, Goode PS, Redden DT, et al. Prevalence of urinary incontinence in men: results from the national health and nutrition examination survey. J Urol. Sep 2010; 184(3): 1022-7. PMID 20643440
3. Abdelbary AM, El-Dessoukey AA, Massoud AM, et al. Combined Vaginal Pelvic Floor Electrical Stimulation (PFS) and Local Vaginal Estrogen for Treatment of Overactive Bladder (OAB) in Perimenopausal Females. Randomized Controlled Trial (RCT). Urology. Sep 2015; 86(3): 482-6. PMID 26135813
4. Blue Cross and Blue Shield Association Technology Evaluation Center (TEC). Pelvic floor electrical stimulation in the treatment of urinary incontinence in adults. TEC Assessments. 2000;Volume 15:Tab 2.

5. Naidu D, Modi R, Kulkarni M, et al. Intravaginal electrical stimulation of the pelvic floor for women with urinary incontinence - a systematic review of randomised controlled trials. Am J Obstet Gynecol. Mar 20 2025. PMID 40120731

6. Leonardo K, Seno DH, Mirza H, et al. Biofeedback-assisted pelvic floor muscle training and pelvic electrical stimulation in women with overactive bladder: A systematic review and meta-analysis of randomized controlled trials. Neurourol Urodyn. Aug 2022; 41(6): 1258-1269. PMID 35686543

7. Stewart F, Berghmans B, Bø K, et al. Electrical stimulation with non-implanted devices for stress urinary incontinence in women. Cochrane Database Syst Rev. Dec 22 2017; 12(12): CD012390. PMID 29271482

8. Shamliyan T, Wyman J, Kane R. Nonsurgical Treatments for Urinary Incontinence in Adult Women: Diagnosis and Comparative Effectiveness (Comparative Effectiveness Review 36). Rockville, MD: Agency for Healthcare Research and Quality; 2012.

9. Moroni RM, Magnani PS, Haddad JM, et al. Conservative Treatment of Stress Urinary Incontinence: A Systematic Review with Meta-analysis of Randomized Controlled Trials. Rev Bras Ginecol Obstet. Feb 2016; 38(2): 97-111. PMID 26883864

10. Tang G, Liu M, Chen X, et al. Effectiveness of electrical stimulation for treating male urinary incontinence after prostatectomy: a meta-analysis and systematic review. Int J Surg. Jun 27 2025. PMID 40576184

11. Sciarra A, Viscuso P, Arditi A, et al. A biofeedback-guided programme or pelvic floor muscle electric stimulation can improve early recovery of urinary continence after radical prostatectomy: A meta-analysis and systematic review. Int J Clin Pract. Oct 2021; 75(10): e14208. PMID 33811418

12. Berghmans B, Hendriks E, Bernards A, et al. Electrical stimulation with non-implanted electrodes for urinary incontinence in men. Cochrane Database Syst Rev. Jun 06 2013; 2013(6): CD001202. PMID 23740763

13. Johnson EE, Mamoulakis C, Stoniute A, et al. Conservative interventions for managing urinary incontinence after prostate surgery. Cochrane Database Syst Rev. Apr 18 2023; 4(4): CD014799. PMID 37070660

14. Zhu YP, Yao XD, Zhang SL, et al. Pelvic floor electrical stimulation for postprostatectomy urinary incontinence: a meta-analysis. Urology. Mar 2012; 79(3): 552-5. PMID 22386394

15. Cohen-Zubary N, Gingold-Belfer R, Lambort I, et al. Home electrical stimulation for women with fecal incontinence: a preliminary randomized controlled trial. Int J Colorectal Dis. Apr 2015; 30(4): 521-8. PMID 25619464

16. Norton C, Gibbs A, Kamm MA. Randomized, controlled trial of anal electrical stimulation for fecal incontinence. Dis Colon Rectum. Feb 2006; 49(2): 190-6. PMID 16362803

17. Vonthein R, Heimerl T, Schwandner T, et al. Electrical stimulation and biofeedback for the treatment of fecal incontinence: a systematic review. Int J Colorectal Dis. Nov 2013; 28(11): 1567-77. PMID 23900652

18. Schwandner T, König IR, Heimerl T, et al. Triple target treatment (3T) is more effective than biofeedback alone for anal incontinence: the 3T-AI study. Dis Colon Rectum. Jul 2010; 53(7): 1007-16. PMID 20551752

19. Schwandner T, Hemmelmann C, Heimerl T, et al. Triple-target treatment versus low-frequency electrostimulation for anal incontinence: a randomized, controlled trial. Dtsch Arztebl Int. Sep 2011; 108(39): 653-60. PMID 22013492

20. Hosker G, Cody JD, Norton CC. Electrical stimulation for faecal incontinence in adults. Cochrane Database Syst Rev. Jul 18 2007; 2007(3): CD001310. PMID 17636665

21. Lim R, Lee SW, Tan PY, et al. Efficacy of electromagnetic therapy for urinary incontinence: A systematic review. Neurourol Urodyn. Nov 2015; 34(8): 713-22. PMID 25251335

22. Lim R, Liong ML, Leong WS, et al. Pulsed Magnetic Stimulation for Stress Urinary Incontinence: 1-Year Followup Results. J Urol. May 2017; 197(5): 1302-1308. PMID 27871927

23. Unal B, Sarsan A, Yıldız N, et al. Efficacy of Magnetic Stimulation in Men With Urinary Incontinence After Radical Prostatectomy: A Randomized, Quadruple-Blind, Sham-Controlled Clinical Trial. Neurourol Urodyn. Jun 2025; 44(5): 1140-1148. PMID 40223765

24. Wald A, Bharucha AE, Limketkai B, et al. ACG Clinical Guidelines: Management of Benign Anorectal Disorders. Am J Gastroenterol. Oct 01 2021; 116(10): 1987-2008. PMID 34618700

25. Bordeianou LG, Thorsen AJ, Keller DS, et al. The American Society of Colon and Rectal Surgeons Clinical Practice Guidelines for the Management of Fecal Incontinence. Dis Colon Rectum. May 01 2023; 66(5): 647-661. PMID 40324433

26. Cameron AP, Chung DE, Dielubanza EJ, et al. The AUA/SUFU Guideline on the Diagnosis and Treatment of Idiopathic Overactive Bladder. J Urol. Jul 2024; 212(1): 11-20. PMID 38651651

27. Sandhu JS, Breyer B, Comiter C, et al. Incontinence after Prostate Treatment: AUA/SUFU Guideline. J Urol. Aug 2019; 202(2): 369-378. PMID 31059663

28. Breyer BN, Kim SK, Kirkby E, et al. Updates to Incontinence After Prostate Treatment: AUA/GURS/SUFU Guideline (2024). J Urol. Oct 2024; 212(4): 531-538. PMID 38934789

29. National Institute for Health and Care Excellence (NICE) Guideline. Urinary Incontinence and Pelvic Organ Prolapse in Women: Management. NICE Guideline. 2019. **https://www.nice.org.uk/guidance/ng123**. Accessed March 30, 2026.

30. National Institute for Health and Care Excellence (NICE). Faecal incontinence in adults: management [CG49]. 2007; **https://www.nice.org.uk/guidance/cg49**. Accessed March 30, 2026

31. Centers for Medicare & Medicaid Services (CMS). CMS Manual System: Pub 100-03 Medicare National Coverage Determinations; Transmittal 48. 2006; **https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=231**. Accessed March 30, 2026.

History

Date	Comments
11/03/98	Add to Durable Medical Equipment Section - New Policy
06/07/00	Replace Policy - Updated and revised new policy statement regarding extracorporeal magnetic stimulation.
09/25/00	Replace Policy - Policy updated with reference to 2000 TEC Assessment. Policy statement unchanged.
01/18/01	Replace Policy - Policy updated to reference the 2000 TEC Assessment with an additional policy statement regarding magnetic stimulation of the pelvic floor.
04/15/03	Replace Policy - Policy updated with additional references; no change to policy statement.
06/17/03	Replace Policy - Policy replaces BC.1.01.17. Policy statement changed to "may be considered medically necessary" for pelvic floor stimulation and added considered investigation for magnetic stimulators and implanted electrical stimulators.
07/13/04	Replace Policy - Policy reviewed; Rationale updated and references added. No change to policy statement.
09/01/04	Replace Policy - Policy renumbered from PR.1.01.110. No date changes.
07/12/05	Replace Policy - Policy reviewed with literature search; no change to policy statement.
07/11/06	Replace Policy - Policy reviewed; Rationale updated with references added; no change in policy statement; Scope and Disclaimer updated.

Date	Comments
06/12/07	Replace Policy - Policy updated with literature review; no change in policy statement.
04/11/08	Replace Policy - Policy updated with literature search; no change to the policy statement. Reference added.
08/11/09	Status changed to BC - Policy updated with literature search. Status changed to BC Policy, replaces PR.1.01.510. On Hold for 90 days, publish February 11, 2010.
06/08/10	Replace Policy - Policy updated with literature search; no change to the policy statement. Rationale extensively revised; references added.
12/21/10	Cross Reference Update - No other changes.
07/12/11	Replace Policy - Policy updated with literature review. References 2, 8, 11 and 19 added; other references renumbered. No change to policy statement.
09/23/11	Related Policies updated; 2.01.27 added.
06/26/12	Replace policy. Policy updated with literature review. References 8 and 13 added; other references renumbered or removed. No change to policy statement. Related Policies updated with the addition of 7.01.106.
08/24/12	Update Related Policies – Change titles for 2.01.60, 7.01.69 and remove 7.01.544 as it was archived. Update Coding section – ICD-10 codes are now effective 10-01-14.
10/09/12	Update Related Policies, add 8.03.01.
02/12/13	Update Related Policies, add 5.01.512.
07/24/13	Replace policy. Policy updated with literature review through March 6, 2013. References 8 and 15 added; other references renumbered or removed. No change to policy statement.
03/21/14	Update Related Policies. Delete 7.01.116 and replace with 7.01.553.
06/09/14	Annual Review. Policy title changed with addition of "fecal" incontinence. Policy statement added that electrical or magnetic stimulation of the pelvic floor muscles as a treatment for fecal incontinence is considered investigational. Policy updated with literature review through March, 2014. References 4, 8, 13-18, and 24 added; others renumbered/removed. Policy statement changed as noted. ICD-10 codes removed; these are not utilized currently.
09/16/14	Update Related Policies. Remove 2.01.527 as it was archived.
04/17/15	Update Related Policies. Remove 7.01.553 as it was archived.
07/14/15	Archive Policy. Most requests are approved; there is a low review volume and the procedure is low dollar.
06/01/26	Policy reinstated from Archive status, approved May 12, 2026, effective for dates of service on or after September 4, 2026, following 90-day provider notification. Policy updated with literature review through July 7, 2025; references added. Electrical or

Date	Comments
	magnetic stimulation of the pelvic floor muscles as a treatment for urinary or fecal incontinence is considered investigational.

Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2026 Premera All Rights Reserved.

Scope: Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.