

Medical Policy



Pessary

▼ Description

A pessary is a device inserted into and worn in the vagina, to support the uterus, or remedy a malposition. The pessary is used for the nonsurgical management of a number of gynecologic conditions and is most commonly used in the management of pelvic support defects such as cystocele and rectocele.

▼ Policy

A pessary device is considered **medically necessary** for Members requiring nonsurgical management of a number of gynecologic conditions, including but not limited to, management of pelvic support defects.

▼ Policy Guidelines

Coverage Criteria:

Must be ordered by the Member's treating physician.

Covered ICD-10 CODES

N81.2	Unspecified Prolapse of Vaginal walls
N81.10	Cystocele Unspecified
N81.2	Cystocele Midline
N81.12	Cystocele Lateral
N81.0	Urethrocele
N81.6	Rectocele
N81.81	Perineocele
N81.89	Other female genital prolapse
N81.2	Incomplete uterovaginal prolapse
N81.3	Complete uterovaginal prolapse
N81.4	Uterovaginal prolapse, unspecified
N99.3	Prolapse of vaginal vault without hysterectomy
N39.3	Stress Incontinence

▼ HCPCS Level II Codes and Description

A4561	Pessary, rubber, any type
A4562	Pessary, non-rubber, any type

▼ Important Note:

Northwood's Medical Policies are developed to assist Northwood in administering plan benefits and determining whether a particular DMEPOS product or service is reasonable and necessary. Equipment that is used primarily and customarily for a non-medical purpose is not considered durable medical equipment.

Coverage determinations are made on a case-by-case basis and are subject to all of the terms, conditions, limitations, and exclusions of the member's contract including medical necessity requirements.

The conclusion that a DMEPOS product or service is reasonable and necessary does not constitute coverage. The member's contract defines which DMEPOS product or service is covered, excluded or limited. The policies provide for clearly written, reasonable and current criteria that have been approved by Northwood's Medical Director.

The clinical criteria and medical policies provide guidelines for determining the medical necessity for specific DMEPOS products or services. In all cases, final benefit determinations are based on the applicable contract language. To the extent there are any conflicts between medical policy guidelines and applicable contract language, the contract language prevails. Medical policy is not intended to override the policy that defines the member's benefits, nor is it intended to dictate to providers how to direct care. Northwood Medical policies shall not be interpreted to limit the benefits afforded to Medicare or Medicaid members by law and regulation and Northwood will use the applicable state requirements to determine required quantity limit guidelines.

Northwood's policies do not constitute medical advice. Northwood does not provide or recommend treatment to members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

▼ References

1. Aetna: Urinary Incontinence Treatments
http://www.aetna.com/cpb/medical/data/200_299/0223.html (accessed November 2011). Policy reviewed by Aetna 12-8-15 No changes.
2. Davila GW, Ostermann KV. The bladder neck support prosthesis: A nonsurgical approach to stress incontinence in adult women. *Am J Obstet Gynecol.* 1994;171(1):206-211.
3. Kondo A, Yokoyama E, Koshiba K, et al. Bladder neck support prosthesis: A nonoperative treatment for stress or mixed urinary incontinence. *J Urol.* 1997;157(3):824-827.
4. Davila GW, Neal D, Horbach N, et al. A bladder-neck support prosthesis for women with stress and mixed incontinence. *Obstet Gynecol.* 1999;93(6):938-942.
5. Bash KL. Review of vaginal pessaries. *Obstet Gynecol Surv.* 2000;55(7):455-460.
6. Viera AJ, Larkins-Pettigrew M. Practical use of the pessary. *Am Fam Physician.* 2000;61(9):2719-2726, 2729.
7. Mouritsen L. Effect of vaginal devices on bladder neck mobility in stress incontinent women. *Acta Obstet Gynecol Scand.* 2001;80(5):428-431.
8. Shaikh S, Ong EK, Glavind K, et al. Mechanical devices for urinary incontinence in women. *Cochrane Database Syst Rev.* 2006;(3):CD1756.

Applicable URAC Standard

Core 8	Staff operational tools and support
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Change/Authorization History

Revision Number	Date	Description of Change	Prepared/Reviewed by	Approved by	Review Date:
A	11-20-06	Initial Release	Rosanne Brugnani	Ken Fasse	n/a
01		Annual Review – no changes	Susan Glomb	Ken Fasse	Dec.2008

02	12-22-09	Annual Review- no changes	Susan Glomb	Ken Fasse	Dec. 2009
03	12-03-10	Annual Review – No changes	Susan Glomb	Ken Fasse	Dec.2010
04	07-20-11	Added Important Note to all Medical Policies	Susan Glomb	Dr. B. Almasri	
05	11-11-11	Annual Review. Added References to Policy	Susan Glomb	Dr. B. Almasri	Nov. 2011
06	04-04-12	Added reference to NH Medicaid	Susan Glomb	Dr. B. Almasri	
07	12-03-12	Annual Review – No changes	Susan Glomb	Dr. B. Almasri	Dec 12
08	12-11-13	Annual Review. No changes	Susan Glomb	Dr. B. Almasri	
09	11-25-14	Annual Review. No changes	Susan Glomb	Dr. B. Almasri	
10	12-11-15	Annual Review. Aetna Reference checked. Review date: 12-8-15 ICD-10 codes added to policy.	Susan Glomb	Dr. B. Almasri	12-11-15