GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

DESCRIPTION
Transurethral Radiofrequency is a non-surgical treatment for stress urinary incontinence (SUI) due to hypermobility. Radiofrequency energy is applied to tissues in the lower urinary tract using a transurethral probe. Upon healing, the treated sites reduce tissue compliance and increase resistance to involuntary leakage at times of increased intra-abdominal pressure. FDA approved devices include the Lyrette™ Transurethral SUI System, previously known as Renessa® Procedure.

Transvaginal Radiofrequency has been investigated as a technique to shrink and stabilize the endopelvic fascia, to improve support for the urethra and bladder neck. An incision is made through the vagina to expose the endopelvic fascia. Radiofrequency energy is applied over the fascia resulting in blanching and shrinkage of the tissue. FDA-approved devices include the SURx® LP Transvaginal System; however, the SURx is no longer marketed in the U.S.

POLICY
Transurethral Radiofrequency (53860) requires prior authorization for Advantage.
Transurethral Radiofrequency (53860) is non-covered for HMO, PPO, Individual Marketplace and Elite.

Transvaginal Radiofrequency is non-covered for all product lines.

HMO, PPO, Individual Marketplace, Elite
Transurethral (Lyrette™ System) & Transvaginal Radiofrequency (SURx® LP Transvaginal System) are non-covered services in the treatment of stress urinary incontinence (SUI) for there is insufficient evidence in the published medical literature to demonstrate the safety, efficacy and long-term outcomes.

Advantage
While there is insufficient evidence in the published medical literature to demonstrate the safety, efficacy and long-term outcomes of Transurethral Radiofrequency (53860) in the treatment of SUI utilizing the Lyrette™ System, The Ohio Department of Medicaid requires this procedure be reviewed for medical necessity. Therefore it may be covered with a prior authorization for Advantage members.

Transvaginal Radiofrequency (SURx® LP Transvaginal System) is a non-covered service in the treatment of SUI for there is insufficient evidence in the published medical literature to demonstrate the safety, efficacy and long-term outcomes.

CODING/BILLING INFORMATION
The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

<table>
<thead>
<tr>
<th>CPT CODE</th>
<th>Description</th>
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<tbody>
<tr>
<td>53860</td>
<td>Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence</td>
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TAWG REVIEW DATES: Transurethral Radiofrequency (53860) & Transvaginal Radiofrequency (SURx® LP Transvaginal System) – 01/15/2014, 01/23/2015, 01/22/2016, 01/27/2017

REVISION HISTORY EXPLANATION
01/15/14: Policy created after The Technology Assessment Working Group (TAWG) review of most current clinical evidence and determination of coverage made.
05/13/14: Approved by Medical Policy Steering Committee.
01/23/15: Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).
01/22/16: Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).
11/23/16: Gender verbiage changes completed per Meaningful Access Section 1557 of the Affordable Care Act.
01/27/17: Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).

REFERENCES/RESOURCES
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid http://jfs.ohio.gov/
American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services
Industry Standard Review
Hayes, Inc.