

MEDICAL POLICY

Medical Policy Title	Pelvic Floor Electrical Stimulation as a Treatment for Urinary or Fecal Incontinence
Policy Number	1.01.19
Current Effective Date	March 19, 2026
Next Review Date	March 2027

Our medical policies are guides to evaluate technologies or services for medical necessity. Criteria are established through the assessment of evidence based, peer-reviewed scientific literature, and national professional guidelines. Federal and state law(s), regulatory mandates and the member's subscriber contract language are considered first in the determination of a covered service.

(Link to [Product Disclaimer](#))

POLICY STATEMENT(S)

- I. Pelvic floor electrical stimulation (PFES) is considered **not medically necessary** as the treatment for urinary or fecal incontinence.

RELATED POLICIES

Corporate Medical Policy

1.01.55 Electrical Stimulation as a Treatment for Pain and other Medical Conditions

7.01.10 Sacral Nerve Stimulation

8.01.22 Tibial Nerve Stimulation (TNS) for Voiding Dysfunction

POLICY GUIDELINE(S)

Not Applicable

DESCRIPTION

Urinary Incontinence

Urinary incontinence is defined by the International Continence Society (ICS) as "a condition in which involuntary loss of urine is a social or hygienic problem." The National Institute of Health (NIH) statistics indicate that urinary incontinence is estimated to affect 10-12 million people in the United States, two-thirds of whom are female.

Pelvic Floor Electrical Stimulation (PFES)

PFES is the application of electrical current to the pudendal nerve. This electrical stimulation causes reflex contraction of the pelvic floor musculature (detrusor/bladder muscle and levator ani muscle). PFES is applied to the body using skin electrodes around the anus or by vaginal or rectal sensors (probes). PFES may be used alone or in conjunction with biofeedback or pelvic floor muscle exercises. The goal of PFES is to regain volitional control of the pelvic floor muscles through their passive activation. The patient should progress to regaining voluntary control of muscle contraction

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without stimulation, increasing the strength of pelvic floor muscles, thereby eliminating urinary leakage.

PFES has been advocated as a treatment for urinary stress incontinence, urge incontinence, and incontinence due to detrusor instability. PFES is also being investigated as a treatment modality for patients with fecal incontinence due to pelvic floor dysfunction and has been proposed as a non-invasive alternative to surgical intervention for patients with damage to the anal sphincter.

SUPPORTIVE LITERATURE

Published randomized, controlled clinical trials investigating this treatment modality have reported inconsistent and/or inconclusive results. Overall, evidence is insufficient to determine the effectiveness of pelvic floor electrical stimulation on urinary or fecal incontinence, or to show that it is more effective than pelvic floor muscle exercises or sham simulation.

A randomized control trial (RCT) was conducted by Ignácio Antônio et al (2022) to evaluate the effects of an intravaginal electrical stimulation regimen on the ability to voluntarily contract the pelvic floor muscles and urinary incontinence. The RCT followed 64 women with pelvic floor muscle function (grade 0 or 1) for 8 weeks. The participants were randomized to an experimental group that received weekly 20-minute sessions of intravaginal electrical stimulation and the control group received no intervention. After 8 weeks the ability to contract the pelvic floor muscles was acquired by 36% in the experimental group, and 12% in the control group. The experimental group improved by a mean of 2 points more than the control group, based on the International Consultation in Incontinence Questionnaire on Urinary Incontinence-Short Form.

PROFESSIONAL GUIDELINE(S)

The American Urological Association (AUA) and Society of Urodynamics, Female Pelvic Medicine & Urological Reconstruction (SUFU) released guidelines in 2024 on the diagnosis and treatment of idiopathic overactive bladder which states:

- Clinicians may offer select non-invasive therapies to all patients with overactive bladder (OAB).
 - “Non-invasive therapies, such as pelvic floor muscle therapy (PFMT), transcutaneous tibial nerve stimulation, transvaginal electrical stimulation, and yoga are conservative therapies for OAB that are provided by a healthcare professional and require participation by the patient.”

The AUA 2023 amended guidelines for the surgical treatment of female stress urinary incontinence which states:

- “Laser and magnetic/electrical stimulation therapy are emerging therapies for the treatment of SUI. However, evidence to date is inconsistent and of poor quality. The Panel acknowledges that these therapies exist and may offer some benefit in index SUI patients seeking non-surgical treatment. However, given the limitations in rigorous evidence-based data supporting their use and FDA advisory warning against the use of energy-based devices for “vaginal rejuvenation,” patients should be extensively counseled on the immaturity of the data.”

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The National Institute of Health and Care Excellence (NICE) guidelines state the following:

- NICE Guideline (NG)123 Urinary Incontinence and Pelvic Organ Prolapse in Women: Management was updated June 24, 2019, and continues its guidelines from 2006:
 - Electrical stimulation should not be used routinely in the treatment of overactive bladder or in combination with pelvic floor muscle training.
 - Electrical stimulation and/or biofeedback should be considered for women who cannot actively contract pelvic floor muscles to aid motivation and adherence to therapy.
- NG120 Pelvic Floor Dysfunction: Prevention and Non-surgical Management published on December 9, 2021:
 - For women who are unable to perform an effective pelvic floor muscle contraction, consider supplementing pelvic floor muscle training with biofeedback techniques, electrical stimulation or vaginal cones.

REGULATORY STATUS

Not Applicable

CODE(S)

- Codes may not be covered under all circumstances.
- Code list may not be all inclusive (AMA and CMS code updates may occur more frequently than policy updates).
- (E/I)=Experimental/Investigational
- (NMN)=Not medically necessary/appropriate

CPT Codes

Code	Description
97014 (*NMN)	Application of a modality to one (1) or more areas; electrical stimulation (unattended) (*NMN for ICD-10 Diagnosis codes: N39.3, N39.41-N39.498, R15.0-R15.9, R32)
97032 (*NMN)	Application of a modality to one (1) or more areas; electrical stimulation (manual), each 15 minutes (*NMN for ICD-10 Diagnosis codes: N39.3, N39.41-N39.498, R15.0-R15.9, R32)

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HCPCS Codes

Code	Description
E0740 (NMN)	Non-implanted pelvic floor electrical stimulator, complete system

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Code	Description
E0715 (NMN)	Intravaginal device intended to strengthen pelvic floor muscles during kegel exercises (effective 10/01/24)
G0283 (*NMN)	Electrical stimulation (unattended), to one (1) or more areas for indication(s) other than wound care, as part of a therapy plan of care (*NMN for ICD-10 Diagnosis codes: N39.3, N39.41-N39.498, R15.0-R15.9, R32)

ICD10 Codes

Code	Description
N39.3	Stress incontinence (female) (male)
N39.41- N39.498	Other specified urinary incontinence (code range)
R15.0-R15.9	Fecal incontinence (code range)
R32	Unspecified urinary incontinence

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- Hwang UJ, et al. Effect of pelvic floor muscle electrical stimulation on lumbopelvic control in women with stress urinary incontinence: randomized controlled trial. *Physiother Theory Pract*. 2022 Apr 18:1-10.
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National Institute for Health and Care Excellence (NICE) [Internet]. Urinary incontinence and pelvic organ prolapse in women: management. NG123. 2019 Apr [updated 2019 Jun 24; accessed 2026 Feb 11] Available from: <https://www.nice.org.uk/guidance/ng123>

Stania M, et al. Intravaginal electrical stimulation as a monotherapy for female stress urinary incontinence: A systematic review and meta-analysis. Complement Ther Clin Pract. 2022 Nov;49:101624.

SEARCH TERMS

Not Applicable

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

[Non-Implantable Pelvic Floor Electrical Stimulator \(NCD 230.8\)](#) [accessed 2026 Feb 11]

PRODUCT DISCLAIMER

- Services are contract dependent; if a product does not cover a service, medical policy criteria do not apply.
- If a commercial product (including an Essential Plan or Child Health Plus product) covers a specific service, medical policy criteria apply to the benefit.
- If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit.
- If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) product) covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.
- If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.

POLICY HISTORY/REVISION

Committee Approval Dates

09/16/99, 08/16/01, 07/18/02, 05/21/03, 06/17/04, 06/16/05, 06/15/06, 05/17/07, 05/14/08, 09/18/08, 09/17/09, 09/16/10, 09/15/11, 09/20/12, 09/19/13, 09/18/14, 09/17/15, 07/21/16, 07/20/17, 07/19/18, 07/18/19, 06/18/20, 06/17/21, 06/16/22, 06/22/23, 06/20/24, 04/17/25, 03/19/26

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Date	Summary of Changes
03/19/26	<ul style="list-style-type: none">• Annual review; policy intent unchanged.
04/17/25	<ul style="list-style-type: none">• Annual review. Policy intent unchanged.
01/01/25	<ul style="list-style-type: none">• Summary of changes tracking implemented.
09/16/99	<ul style="list-style-type: none">• Original effective date