

**TRANSURETHRAL RADIOFREQUENCY MICRO-REMODELING (RENESSA®)  
FOR FEMALE STRESS URINARY INCONTINENCE**

Effective Date: November 19, 2010

Review Dates: 10/10, 10/11, 10/12, 10/13, 11/14,  
11/15, 11/16, 11/17, 11/18

Date Of Origin: October 13, 2010

Status: Current

**I. POLICY/CRITERIA**

Transurethral radiofrequency therapy (Renessa® procedure) is a covered benefit for the treatment of stress urinary incontinence in non-pregnant women who are either not able or not willing to undergo surgery for their condition.

**II. MEDICAL NECESSITY REVIEW**

Required

Not Required

Not Applicable

**III. APPLICATION TO PRODUCTS**

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, this policy applies.*
- ❖ **MEDICAID/HEALTHY MICHIGAN PLAN:** *For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: [http://www.michigan.gov/mdch/0,1607,7-132-2945\\_42542\\_42543\\_42546\\_42551-159815--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html). If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: [http://www.michigan.gov/mdch/0,1607,7-132-2945\\_5100-87572--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html), the Michigan Medicaid Provider Manual will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.*

**IV. DESCRIPTION**

Urinary stress incontinence, defined as the involuntary loss of urine from the urethra due to an increase in intra-abdominal pressure, is a common condition, affecting 6.5 million women in the U.S. Conservative therapy usually includes pelvic floor muscle exercises. Various surgical options are considered when conservative therapy fails.

Radiofrequency (RF) energy is a commonly used surgical tool that has been used for tissue ablation and more recently for tissue remodeling. The Renessa® procedure is a RF micro-remodeling treatment (Renessa®, made by Novasys Medical, Inc.) for the treatment of stress urinary incontinence (SUI) due to hypermobility in women who have failed conservative care and are not candidates for surgical therapy. The Renessa® procedure is performed in an office or out-patient setting utilizing local anesthesia plus oral sedation or conscious sedation.

**V. CODING INFORMATION**

**ICD-10 Codes** that may support medical necessity:

N39.3 Stress incontinence (female) (male)

**CPT/HCPCS Codes:**

53860 Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence

**VI. REFERENCES**

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