CHAPTER 3
SECTION 9.4

COLLAGEN IMPLANTATION FOR INCONTINENCE

Issue Date: November 4, 1996
Authority: 32 CFR 199.4(c)(2), and (c)(3)

I. PROCEDURE CODES

51715, 99070 and 95028

II. DESCRIPTION

The device is an injectable collagen and is indicated for use only in the treatment of urinary incontinence due to intrinsic sphincter deficiency (poor or nonfunctioning outlet mechanism) that may be helped by a locally injected bulking agent.

III. POLICY

Collagen implants of the urethra and/or bladder neck may be cost shared when supporting medical documentation establishes treatment as medically necessary for patients nonamenable to other forms of urinary incontinence treatment.

IV. POLICY CONSIDERATIONS

A. The device must be FDA approved (Contigen® Bard® collagen implants are FDA approved).

B. Claims involving more than five injections should be referred to medical review for medical necessity.

C. Payment may be made for all related services and supplies to include the skin testing that is required four weeks prior to the initial injection. Skin testing is necessary to rule out an allergic reaction to the collagen. (CPT CODE 95028)

D. General claims for this service may include two types of charges, physician charges and device charges. Physician charges may be billed using CPT 51715. Device charges may be billed using CPT 99070.

E. For other indications related to Collagen refer to Chapter 3, Section 2.2.

F. Claims processors are not required to research their files for previously denied claims for collagen implants for urinary incontinence.

G. For other indications related to the urinary system refer to Chapter 3, Section 9.1.

H. For other indications related to bladder wall stimulators refer to Chapter 3, Section 9.3.

V. EFFECTIVE DATE September 30, 1993.

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