

Policy Name:	Vaginal Tactile Imaging
Effective Date:	8/20/2018

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica plans. Please refer to the member’s plan document for specific coverage information. If there is a difference between this general information and the member’s plan document, the member’s plan document will be used to determine coverage. With respect to Medicare and Minnesota Health Care Programs, this policy will apply unless those programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Medica coverage policy may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care and treatment.

Coverage Policy

Vaginal tactile imaging is investigative and therefore **NOT COVERED**.

Description

Vaginal tactile imaging, also known as transvaginal biomechanical mapping, uses a vaginal tactile imager (e.g., Vaginal Tactile Imager, Advanced Tactile Imaging Inc.) as a platform to aid in the diagnosis and evaluation of vaginal and pelvic floor muscle elasticity in adults. It is purported to assist in the management of pelvic organ prolapse, urinary incontinence, tissue atrophy, and pelvic pain.

The imager measures pressure patterns along the entire length of the vagina in order to visualize tissue elasticity, muscle tone, and contraction strength. The system is comprised of a vaginal probe, orientation sensor, and temperature sensors with micro-heaters. Imaging software provides the visualization, analysis, and reporting tools, which are displayed on a computer screen in real time.

FDA Approval

The Vaginal Tactile Imager (Advanced Tactile Imaging, Inc.) received FDA 510(k) marketing approval in May 2015. The FDA approval is for use as a “high resolution mapping of pressures to assess the strength of pelvic floor muscles within the vagina. It is used in a medical setting to acquire the pressures and store the corresponding data. It also provided visualization, analysis tools and information. The real time data as well as the analysis information can then be viewed with an intention of assisting in the diagnosis and evaluation. The device is intended for use by physicians, surgeons and medically trained personnel.”

Prior Authorization

Prior authorization is not applicable. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

Medica Coverage Policy



Coding Considerations

Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT Codes

Original Effective Date: 8/20/2018

Re-Review Date(s):

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