

**Coverage of any medical intervention discussed in a Prevea360 Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.**

## Urethral Bulking Agents for Urinary Incontinence

**MP9475**

**Covered Service:** Yes

### Prior Authorization

**Required:** No

### Additional

**Information:** None

### Prevea360 Health Plan Medical Policy:

1.0 Urethral bulking agents which are FDA approved for stress incontinence **do not require** prior authorization are considered medically necessary as second line treatment for urinary incontinence due to sphincter deficiency or congenital anomalies.

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