



Coverage of any medical intervention discussed in a WellFirst Health 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

WellFirst Health 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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