



The INNOVO® device can be covered by traditional **Medicare**, provided your patient meets 4 criteria:

Patient must have been diagnosed stress urinary incontinence.

Doctor must indicate the INNOVO® device is medically necessary.

There needs to be a face to face visit within the last 6 months.

Patient must have failed a 4 week trial of pelvic muscle exercises.

IF YOUR PATIENT MEETS THE ABOVE CRITERIA, PLEASE FOLLOW THE STEPS BELOW:

1. Determine your patient's INNOVO size. Sizing is based on the individual's low hip measurement

INNOVO Size	LOW HIP MEASUREMENT
2	32" – 33"
3	33 ½" – 35"
4	35 ½" – 37"
5	37 ½" – 39"
6	39 ½" - 41"
7	41 ½" - 44"
8	44 ½" – 46"
9	46 ½" – 48"
10	48 ½" – 51"

2. Complete CMT Unit Request and Certificate of Medical Necessity Forms [DOWNLOAD HERE](#)

Unit Prescribed

Pelvic Floor Stimulator: Pathway STM-10 Utah Medical Liberty

sEMG Biofeedback: TR10 TR10c TR20

Does patient need a sensor? Pathway Vaginal Pathway Rectal UM-Vaginal UM-Rectal Other: _____

Does patient need other accessories? INNOVO (LOW HIP SIZE: 35")

Billing? Self Pay Medicare Private Ins. Purchase or Rental? Purchase Rental

NOTE: On the Unit Request Form, INNOVO is NOT mentioned. You need to manually add INNOVO (including the patient's size) in the "Does patient need other accessories" field.

For your reference, you can view sample complete forms [HERE](#)

3. Submit forms to Current Medical Technologies via one of the following ways
 - a. Click submit button on the bottom of the electronic form
 - b. Fax: 508-947-1486
 - c. Email: info@cmtmedical.com