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Medical policies in conjunction with other nationally recognized standards of care are used to make medical coverage decisions.

Sacral Nerve Stimulation for Fecal Incontinence Policy**Indication/Usage:**

Sacral nerve stimulation (SNS) is used for fecal incontinence when there is a failure to conservative management. The exact mechanism of action is unclear, electrical stimulation may modulate aberrant signals between the sacral nerve roots and the central nervous system and improve fecal continence. SNS is delivered using a programmable, surgically implanted neurostimulator device. Prior to receiving a permanent neurostimulator device, a screening trial of SNS is required.

Medical Indications for Authorization

Commercial Members

- Temporary sacral nerve stimulation for the treatment of members with chronic fecal incontinence with structurally intact anal sphincter who meet the following criteria:
 - o Fecal incontinence greater than 6 months who have failed 3 months of any of the 2 examples of conservative management listed below
 - dietary modification
 - bulking agents
 - biofeedback
 - pharmacotherapy
 - strengthening exercises
 - o Greater than 12 months after vaginal childbirth or rectal surgery
 - o Member is an appropriate surgical candidate
 - o Incontinence is not related to a neurologic condition or cancer
- Permanent sacral nerve stimulation is considered medically necessary for members who have a 50 % or greater improvement in incontinence from temporary sacral nerve stimulation over a period of at least 48 hours and have also met the above criteria

Medicare Members

LCD ID L39543 Sacral Nerve Stimulation for the Treatment of Urinary and Fecal Incontinence Palmetto GBA

Covered Indications /Limitations

Fecal Incontinence (FI)

This A/B Medicare Administrative Contractor (MAC) will cover SNS for FI, when all of the following criteria are met:

- Chronic FI with greater than 2 incontinent episodes on average per week and duration of incontinence greater than 6 months or for more than 12 months after vaginal childbirth; AND
- Documented failure or intolerance to conventional therapy (e.g., dietary modification, the addition of bulking and pharmacologic treatment); AND

- A successful percutaneous test stimulation, defined as at least 50% sustained (more than 48 hours) improvement in symptoms; AND
- Condition is not related to anorectal malformation (e.g., congenital malformation, defects of the external anal sphincter over 60 degrees, visible sequelae of pelvic radiation, active anal abscesses and fistulae) and /or chronic inflammatory bowel disease; AND
- Incontinence is not related to another neurologic condition such as peripheral neuropathy or complete spinal cord injury.

SNS is considered experimental, investigational for the treatment of chronic constipation or chronic pelvic pain (CPP)

Limitations

SummaCare considers sacral nerve stimulation experimental, investigational, or unproven when the above criteria is not met.

CPT Codes

64561 Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance

64581 Incision for implantation of neurostimulator electrodes; sacral nerve (transforaminal placement)

64590 Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling

64595 Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver

95970 Electronic analysis of implanted neurostimulator pulse generator system (e.g., rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple or complex brain, spinal cord, or peripheral (i.e., cranial nerve, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, without reprogramming

95971 Simple spinal cord, or peripheral neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming

Coverage Decisions

Coverage decisions made per CMS Guidelines, Hayes Research and industry standards research

Plans Covered By This Policy

Commercial and Medicare

Self-funded Commercial groups refer to plan document for coverage

Sources Reviewed

Hayes

<https://evidence.hayesinc.com/>

CMS

[MCD Search](#)

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