**Definition:**

Sacral nerve neuromodulation (SNM) is defined as the implantation of a permanent device that modulates the neural pathways controlling bladder or rectal function.

**Policy:** This policy addresses use of SNM in the treatment of fecal incontinence, fecal nonobstructive retention, and chronic pelvic pain in patients with intact neural innervation of the rectum.

**Procedure:**

A. A trial period of sacral nerve neuromodulation with either percutaneous nerve stimulation or a temporarily implanted lead may be considered medically necessary in patients who meet all of the following criteria:

1. Documentation of the diagnosis, i.e. the type of fecal incontinence, (e.g. Passive Incontinence, Urge Incontinence, Fecal Seepage).
2. The etiology must be clearly defined and documented.
3. There is a diagnosis of chronic fecal incontinence of greater than 2 incontinent episodes on average per week with duration greater than 6 months or for more than 12 months after vaginal childbirth.
4. Documentation that rectal manometry and other appropriate studies were performed during the diagnostic evaluation.
5. There is documented failure or intolerance to conventional conservative therapy (e.g., Dietary Modifications, Supportive Therapy including Biofeedback, Pharmacologic Therapy, Ancillary Therapy including Plugs, Sphincter Bulkers, or surgery).
6. The condition is not related to an anorectal malformation (e.g., congenital anorectal malformation; defects of the external anal sphincter over 60 degrees; visible sequelae of pelvic radiation; active anal abscesses and fistulae) or chronic inflammatory bowel disease.
7. Incontinence is not related to a neurologic condition.
8. The patient has not had rectal surgery in the previous 12 months, or in the case of cancer, the patient has not had rectal surgery in the past 24 months.

B. Permanent implantation of a sacral nerve neuromodulation device may be considered medically necessary in patients who meet all of the following criteria:
   1. All of the criteria in A 1-6 above are met.
   2. A trial stimulation period demonstrates at least 50% improvement in symptoms over a period of at least 1 week.

It does not appear that there is evidence in the literature to support the use of InterStim without a complete trial of the aforementioned treatment options. In addition, there does not appear to be clear evidence that InterStim is superior to some of the other treatment modalities available.

Sacral nerve neuromodulation is investigational in the treatment of chronic constipation or chronic pelvic pain. SNM is not considered investigational for fecal incontinence.

**Special Instructions:**

**Medicare/All States:** As per NCD 230.16, the use of Spinal Cord Electrical Stimulators, Rectal Electrical Stimulators, and Bladder Wall Stimulators is not considered reasonable and necessary. Therefore, no program payment may be made for these devices or their transplant. However, the request is for a dual eligible member and Meridian provides the member’s Medicaid coverage, the request needs to be reviewed using the state specific Medicaid guidelines.

**CPT/HCPCS Codes:**

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Approved by: ____________________________________________ Date: 06/26/2015
Corporate Chief Operating Officer

Reviewed and approved by Policy and Procedure Committee: Date: 04/10/2015
Reviewed and approved by Medical Policy Operations Committee: Date: 04/24/2015
Reviewed and approved by Physician Advisory Committee: Date: 06/26/2015
Reviewed and approved by Corporate Compliance Committee: Date: 07/28/2015

**References:**


<table>
<thead>
<tr>
<th>State Letters/ Bulletins</th>
<th>CMS National/Local Coverage Determination (NCD/LCD)</th>
<th>NCD 230.16</th>
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<tr>
<td>Medicare Managed Care Manual:</td>
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<tr>
<td>State Administrative Codes:</td>
<td>Contract Requirements:</td>
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<td>Related Policies:</td>
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