Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica plans. Please refer to the member’s plan document for specific coverage information. If there is a difference between this general information and the member’s plan document, the member’s plan document will be used to determine coverage. With respect to Medicare and Minnesota Health Care Programs, this policy will apply unless those programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Medica coverage policy may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care and treatment.

Coverage Policy
Sacral nerve stimulation (SNS) is COVERED for the treatment of chronic urinary urge incontinence, non-obstructive urinary retention, and urge/frequency syndrome for patients who have had a thorough diagnostic work-up and all of the following:
1. Failed conservative treatments (e.g. pelvic floor exercises, pharmacotherapies)
2. Symptoms result in a significant functional disability
3. A positive response (50 percent or greater improvement in voiding function) to a trial of temporary percutaneous SNS.

Sacral nerve stimulation (SNS) is COVERED for the treatment of fecal incontinence for adults who have had a thorough diagnostic work-up and all of the following:
1. Failed conservative treatments (e.g. pharmacotherapies, dietary management, strengthening exercises)
2. Failed surgical treatment or not appropriate candidates for surgical treatment
3. Symptoms result in a significant functional disability
4. A positive response (50 percent or greater improvement in function) to a trial of temporary percutaneous SNS.

Sacral nerve stimulation is investigative and therefore NOT COVERED for treatment of fecal incontinence in children.

Sacral nerve stimulation is investigative and therefore NOT COVERED for all other indications, including but not limited to, stress urinary incontinence, neurogenic bladder, interstitial cystitis/bladder pain syndrome, chronic constipation, and chronic pelvic pain.

Description
Sacral nerve stimulation (SNS) is the application of a mild electrical pulse to the sacral nerves through a surgically implanted neuromodulation system to treat urinary or fecal incontinence. The electrical pulses modulate the sacral nerves that influence the functioning of the bladder, bowel, urinary, and anal sphincters, and the pelvic floor muscles. Current research suggests that sacral nerve stimulation modulates the sacral reflex mechanism affecting urinary incontinence, as well as supraspinal centers affecting urinary voiding control. For use in fecal incontinence,
it is proposed that stimulation of the sacral nerves (S2 – S4) generally causes a lifting and tightening of the anus and contraction of the external sphincter.

Urinary dysfunction, including urge incontinence, urgency/frequency, and non-obstructive urinary retention, often results from loss of synchrony between stimulatory and inhibitory neural impulses. Symptoms of urgency and leakage are often due to uncontrolled contractions of the bladder musculature. These contractions may be the result of overstimulation or loss of inhibition. Urinary retention can also result from underactivity of the bladder muscles or overactivity of the muscles responsible for continence. Fecal incontinence is the inability to control the release of fecal matter, which can cause significant embarrassment, social isolation, and reduced quality of life.

Individuals who are candidates for SNS implantation undergo a test stimulation phase (percutaneous nerve evaluation) to determine if the treatment might prove effective. If they experience a 50 percent or greater improvement in symptoms, then they may progress to the permanent stimulator implantation phase. A control magnet is used by the patient to turn the device on or off. A physician may adjust the settings of the pulse generator using a console programmer. Implantation of the device is usually performed under general anesthesia and may require an overnight hospital stay.

FDA Approval
Interstim Sacral Nerve Stimulation (SNS) System® (Medtronic, Minneapolis, MN) received PMA approval September 29, 1997. The FDA approval is for the treatment of nonobstructive urinary retention, urinary urge incontinence, and symptoms of urgency-frequency syndrome in patients who have failed or could not tolerate more conservative treatments. Various other supplemental approvals have been granted for design, component, or manufacturing modifications.

InterStim Sacral Nerve Stimulation Therapy System (Medtronic) received a new PMA (P080025) for chronic fecal incontinence on March 14, 2011. The device is indicated for the treatment of chronic fecal incontinence in patients who have failed or could not tolerate more conservative treatments.

Prior Authorization
Prior authorization is not required. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

Coding Considerations
Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT Codes:
- 64561 - Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed
- 64581 - Incision for implantation of neurostimulator electrodes; sacral nerve (transforaminal placement)

HCPC Codes:
- C1767 - Generator, neurostimulator (implantable), non-rechargeable
- L8679 - Implantable neurostimulator, pulse generator, any type
- L8685 - Implantable neurostimulator pulse generator, single array, rechargeable, includes extension
• L8686 - Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension
• L8687 - Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension
• L8688 - Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension

Original Effective Date Coverage Policy: 9/25/2001
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