



POLICY AND PROCEDURE MANUAL

Policy Title: Sacral Nerve Stimulation for Fecal Incontinence	Policy Number: G.07
Primary Department: Medical Management	NCQA Standard: N/A
Affiliated Department(s): N/A	URAC Standard: N/A
Last Revision Date: 05/2018	Next Review Date: 07/2020
Revision Dates: 04/2015; 06/2016; 05/2018	Review Dates: 06/26/2015; 06/24/2016; 06/27/2018; 6/26/2019
Effective Date: 06/26/2015	
Applicable Lines of Business: <input type="checkbox"/> MeridianCare <input checked="" type="checkbox"/> MeridianHealth <input type="checkbox"/> MeridianComplete <input type="checkbox"/> MeridianChoice	
Applicable States: <input type="checkbox"/> All <input checked="" type="checkbox"/> MI <input checked="" type="checkbox"/> IL <input type="checkbox"/> OH <input type="checkbox"/> _____ <input type="checkbox"/> _____	
Applicable Programs: <input checked="" type="checkbox"/> All <input type="checkbox"/> Other _____	
Policy is to be published: Internally Only <input type="checkbox"/> Internally & Externally <input checked="" type="checkbox"/>	

Definition:

Sacral Nerve Neuromodulation (SNM)	Sacral nerve stimulation (SNS), is defined as the implantation of a permanent device that modulates the neural pathways controlling bladder or rectal function.
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Policy: This policy addresses use of SNM in the treatment of fecal incontinence, fecal non-obstructive retention, and chronic pelvic pain in patients with intact neural innervation of the rectum.

Procedure:

Criteria for Coverage:

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, and 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 (e.g. endorectal ultrasound or MRI, colonoscopy) were performed during the diagnostic evaluation.
5. There is documented failure intolerance, or contraindication to conventional conservative therapy (e.g., Dietary Modifications, Bowel Training, Supportive Therapy including Biofeedback, Pharmacologic Therapy, Ancillary Therapy including injectable anal bulking agents, 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 such as peripheral neuropathy or complete spinal cord injury.
 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.
- A. 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.

Absolute Contraindications:

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

Line of Business Applicability:

This policy applies to Michigan Medicaid, Illinois Medicaid, and Individual plans.

For **Medicaid/Medicaid Expansion Plan** members, this policy will apply. Coverage is based on medical necessity criteria being met and the codes being submitted and considered for review being included on either the Michigan Medicaid Fee Schedule (located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html), or the Illinois Medicaid Fee Schedule (located at: <http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/default.aspx>). If there is a discrepancy between this policy and either the Michigan Medicaid Provider Manual (located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html), or the Illinois Medicaid Provider Manual (located at: <http://www.illinois.gov/hfs/MedicalProviders/Handbooks/Pages/default.aspx>) the applicable Medicaid Provider Manual will govern.

For **Individual** members, consult the individual insurance policy. If there is a discrepancy between this policy and the individual insurance policy document, the guidelines in the individual insurance policy will govern.

State specific special instructions:

None:

MI:

IL:

OH:

References:

1. Thin NN, Horrocks EJ, Hotouras A et al. Systematic Review of the Clinical Effectiveness of Neuromodulation in the Treatment of Fecal Incontinence. Br J Surg 2013; 100(11):1430-47.
2. Tan E, Ngo NT, Darzi A et al. Meta-analysis: Sacral Nerve Stimulation versus Conservative Therapy in the Treatment of Fecal Incontinence. Int J Colorectal Dis 2011; 26(3):275-94.
3. Tjandra JJ, Chan MK, Yeh CH et al. Sacral Nerve Stimulation is more effective than optimal medical therapy for severe fecal incontinence: a randomized, controlled study. Dis Colon Rectum 2008; 51(5):494-502.
4. Wexner SD, Collier JA, Devroede G et al. Sacral Nerve Stimulation for Fecal Incontinence: Results of a 120-patient prospective multicenter study. Ann Surg 2010; 251(3):441-9.
5. Mellgren A, Wexner SD, Collier JA et al. Long-term efficacy and safety of sacral nerve stimulation for fecal incontinence. Dis Colon Rectum 2011; 54(9):1065-75.

6. Hull T, Giese C, Wexner SD et al. Long-term durability of sacral nerve stimulation therapy for chronic fecal incontinence. *Dis Colon Rectum* 2013; 56(2):234-45.
7. Maeda Y, Matzel K, Lundby L et al. Postoperative issues of sacral nerve stimulation for fecal incontinence and constipation: a systematic literature review and treatment guideline. *Dis Colon Rectum* 2011; 54(11):1443-60.
8. Knowles CH, Thin N, Gill K et al. Prospective Randomized Double-Blind Study of temporary sacral nerve stimulation in patients with rectal evacuatory dysfunction and rectal hyposensitivity. *Ann Surg* 2012; 255(4):643-9.
9. Kamm MA, Dudding TC, Melenhorst J et al. Sacral Nerve Stimulation for Intractable Constipation. *Gut* 2010; 59(3):333-40.
10. National Institute for Clinical Evidence (NICE). Faecal incontinence in adults: management. NICE clinical guideline 49. 2007
11. Rao SS, American College of Gastroenterology Practice Parameters C. Diagnosis and Management of Fecal Incontinence. American College of Gastroenterology Practice Parameters Committee. *Am J Gastroenterol* 2004; 99(8):1585-604.
12. Carrington EV, Evers J, Grossi U, et al. A Systematic Review of Sacral Nerve Stimulation Mechanisms in the Treatment of Fecal Incontinence and Constipation. *Neurogastroenterol Motil* 2014; 26: 1222

State Letters/ Bulletins					
CMS National/Local Coverage Determination (NCD/LCD)					
Medicare Managed Care Manual:					
Medicaid CFR:					
State Administrative Codes:					
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Related Policies:					