

<b>Department of Origin:</b> Integrated Healthcare Services	<b>Effective Date:</b> 03/05/24
<b>Approved by:</b> Medical Policy Quality Management Subcommittee	<b>Date Approved:</b> 03/05/24
<b>Clinical Policy Document:</b> Neurostimulation, Sacral Nerve	<b>Replaces Effective Clinical Policy Dated:</b> 03/07/23
<b>Reference #:</b> MC/1008	<b>Page:</b> 1 of 5

**PURPOSE:**

The intent of this clinical policy is to ensure that services are medically necessary.

Please refer to the member's benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the member's benefit plan or certificate of coverage (COC), the terms of the member's benefit plan document will govern.

**POLICY:**

Benefits must be available for health care services. Health care services must be ordered by a provider. For coverage to be considered, health care services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested.

**GUIDELINES:**

Medical Necessity Criteria – Requests for unilateral sacral nerve stimulation (SNS) - Must satisfy any of the following: I - III

- I. *Overactive bladder (OAB)* (includes urinary *urge incontinence [UI]*, *urgency or frequency [UU, UF]*), or *non-obstructive urinary retention (NOUR)* – Must satisfy all of the following: A - C. If the request is for a trial stimulation of the device - must satisfy the following: A - B
  - A. Symptoms lasting for greater than or equal to 12 months that have resulted in significant impairment in activities of daily living; and
  - B. Conservative forms of treatment have been tried for at least 12 months – must satisfy one of the following: 1 or 2
    1. For *overactive bladder* – both of the following: a and b
      - a. Pharmacotherapy - at least 2 different antimuscarinic medications or a combination of an antimuscarinic (eg, Enablex [darifenacin], Sanctura [trospium], Toviaz [fesiteridine]) and a beta-adrenergic agonist (eg, Myrbetriq [mirabegron] Gemtesa [vibegron]); and
      - b. Behavioral therapies (such as, but not limited to bladder training, bladder control strategies, pelvic floor muscle training, fluid management).
    2. For *non-obstructive urinary retention* – both of the following: a and b
      - a. Pharmacotherapy - alpha blockers and cholinergic medications, and/or antibiotics for urinary tract infections; and
      - b. Intermittent catheterization that has failed or is not well tolerated.
  - C. Positive response to a temporary sacral nerve stimulator as shown by a greater than or equal to 50% reduction of symptoms.
- II. *Fecal incontinence* – must satisfy all of the following: A - D. If the request is for a trial stimulation of the device - must satisfy all of the following: A - C
  - A. Either of the following: 1 or 2
    1. Greater than 2 incontinent episodes per week, lasting for greater than 6 months; or
    2. Greater than 2 incontinent episodes per week, lasting for more than 12 months if SNS is requested following a vaginal birth.

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- B. Symptoms are not related to a medical (such as, but not limited to, spina bifida, pilonidal sinus, rectal prolapse) or surgical condition (such as, but not limited to, recent rectal surgery); and
  - C. Conservative forms of treatment have been tried (such as, but not limited to, pharmacotherapy, bowel training, diet modification, biofeedback, or pelvic floor exercise therapy); and
  - D. Positive response to a temporary sacral nerve stimulator as evidenced by a greater than or equal to 50% reduction of *fecal incontinence* symptoms.
- III. Replacement or revision of stimulator generator/ battery, lead or electrode, or patient programmer - must satisfy the following: A, and B or C, as applicable
- A. The indication for initial placement was for one of the following: 1 or 2
    - 1. Urinary *OAB* or *non-obstructive urinary retention*; or
    - 2. *Fecal incontinence*.
  - B. Request is for replacement of the existing generator/battery or patient programmer - must satisfy one of the following: 1 - 2
    - 1. The battery life is less than 1 year; or
    - 2. The device is *malfunctioning* and no longer under warranty.
  - C. Request is for replacement and/or revision of lead/electrode due to migration and/or no longer functioning properly is considered medically necessary.

**EXCLUSIONS (not limited to):**

Refer to member's Certificate of Coverage or Summary Plan Description

The following are considered investigative (see Investigative List): I - III

- I. Chronic constipation
- II. Chronic pelvic pain
- III. Stress incontinence (does not include mixed incontinence)

**DEFINITIONS:**

Fecal incontinence:

Can be caused by various mechanisms, including rectal wall compliance, efferent and afferent neural pathways, central and peripheral nervous systems (CNS/PNS), and voluntary and involuntary muscles; more common in women due to muscular and neural damage during vaginal child delivery.

Malfunctioning:

The failure of a device to meet its performance specifications or otherwise perform as intended. Performance specifications include all claims made in the labeling for the device.

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Non-obstructive urinary retention:

Inability to empty the urinary bladder completely.

Overactive bladder:

The presence of "urinary urgency, usually accompanied by frequency and nocturia, with or without urgency urinary incontinence (UUI), in the absence of UTI or other obvious pathology."<sup>4</sup> Therefore, OAB symptoms consist of four components: urgency, frequency, nocturia and urgency incontinence. OAB studies have used varying combinations of these symptoms to identify patients for study inclusion and to define treatment response.

Sacral nerve stimulation (SNS):

Implanted electrodes at the sacral nerve site that control the muscles required for bladder and rectal functioning.

Urge incontinence:

Urine leakage when there is a strong urge to void

Urgency or frequency:

Uncontrollable urge to urinate frequently and in small volumes.

**BACKGROUND:**

Sacral nerve stimulation (SNS) is also known as sacral nerve neuromodulation. It delivers low-voltage electrical current to specific sacral nerve/s that lead to pelvic floor muscles and/or pelvic organs. There are two phases to SNS: temporary and permanent implantation. The temporary phase involves percutaneously introducing a temporary electrode into the left or right sacral nerve foramen. An external device then provides continuous stimulation. The length of the temporary phase varies, although it usually lasts for a week.

If the temporary phase shows evidence that SNS is effective (greater than or equal to 50% reduction in symptoms), a permanent SNS device is then implanted. The temporary electrodes are replaced by permanent ones which are then also connected to sacral nerves (usually the S3 nerve root) and an implantable pulse generator is surgically positioned in the upper buttock region. After implantation, the physician adjusts the pulse generator to its optimal settings for the patient by using a programming console. A control magnet to turn the pulse generator on or off by placing it over the pulse generator area for 1-2 seconds is then given to the patient.

Examples of devices are InterStim Continence Control Therapy, InterStim Micro System, and Axonics.

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Prior Authorization: Yes, per network provider agreement.

**CODING:**

CPT®, HCPCS

- 64561 Percutaneous implantation of neurostimulator electrode array; sacral nerve, (transforaminal placement), including image guidance if performed [used for trial/temporary placement]
- 64581 Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)

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**REFERENCES:**

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2. Clinical Policy: Coverage Determination Guidelines (MP/C009)
3. Clemens JQ. Urinary incontinence in men. (Topic 14611, Version 49.0; last updated: 01/03/2022. In: Givens J, ed. *UpToDate*. Waltham, Mass.: UpToDate; 2022. [www.uptodate.com](http://www.uptodate.com). Accessed 11-04-22.
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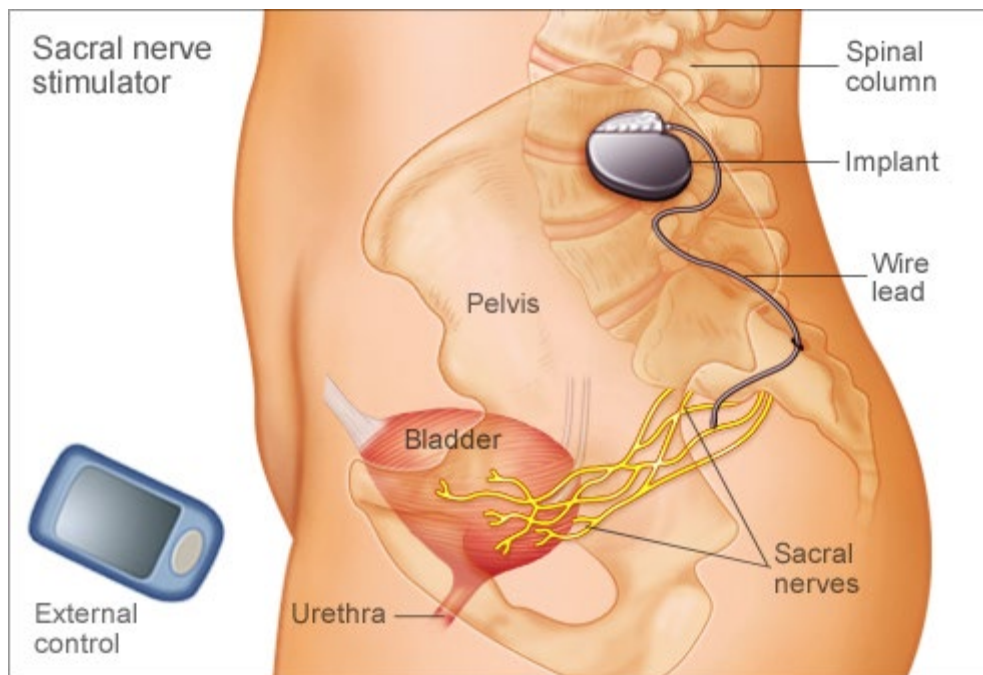
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**Attachment A**

Image of Implanted Sacral Nerve Stimulator  
Retrieved from WebMD



## Nondiscrimination & Language Access Policy

Aspirus Health Plan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. *We* do not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

*We* will:

Provide free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provide free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If *you* need these services, contact *us* at the phone number shown on the inside cover of this *contract*, *your* id card, or [aspirushealthplan.com](http://aspirushealthplan.com).

If *you* believe that *we* have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, *you* can file a grievance with:

Nondiscrimination Grievance Coordinator  
Aspirus Health Plan, Inc.  
PO Box 1062  
Minneapolis, MN 55440  
Phone: 1.866.631.5404 (TTY: 711)  
Fax: 763.847.4010  
Email: [customerservice@aspirushealthplan.com](mailto:customerservice@aspirushealthplan.com)

*You* can file a grievance in person or by mail, fax, or email. If *you* need help filing a grievance, the Nondiscrimination Grievance Coordinator is available to help you.

*You* can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Language Assistance Services

**Albanian:** KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1.866.631.5404 (TTY: 711).

**Arabic:** تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بن اعلى رقم الهاتف 1.866.631.5404 (رقم هاتف الصم والبك : 711)

**French:** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelezle 1.866.631.5404 (ATS : 711).

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.866.631.5404 (TTY: 711).

**Hindi:** \_यान द\_ : य\_द आप िहंदी बोलते ह\_ तो आपके िलए मु\_त म\_ भाषा सहायता सेवाएं उपल\_ध ह\_। 1.866.631.5404 (TTY: 711) पर कॉल कर\_।

**Hmong:** LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.866.631.5404 (TTY: 711).

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.866.631.5404 (TTY: 711)번으로 전화해 주십시오.

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.866.631.5404 (TTY: 711).

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.866.631.5404 (телетайп: 711).

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.866.631.5404 (TTY: 711).

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa 1.866.631.5404 (TTY: 711)

**Traditional Chinese:** 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1.866.631.5404 (TTY:711)。

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.866.631.5404 (TTY: 711).

**Pennsylvania Dutch:** Wann du Deitsch (Pennsylvania German / Dutch) schwetzsch, kannscht du mitaus Koschte ebbergricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1.866.631.5404 (TTY: 711).

**Lao:** ໄປ່ດຊາຍ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1.866.631.5404 (TTY:711).