

Local Coverage Article: Sacral Nerve Stimulation for Urinary and Fecal Incontinence (A53359)

Please Note: This view is an approximation of the CMS MCD Article Detail page.

Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	01111 - MAC A	J - E	California - Entire State
Noridian Healthcare Solutions, LLC	A and B MAC	01112 - MAC B	J - E	California - Northern
Noridian Healthcare Solutions, LLC	A and B MAC	01182 - MAC B	J - E	California - Southern
Noridian Healthcare Solutions, LLC	A and B MAC	01211 - MAC A	J - E	American Samoa Guam Hawaii Northern Mariana Islands
Noridian Healthcare Solutions, LLC	A and B MAC	01212 - MAC B	J - E	American Samoa Guam Hawaii Northern Mariana Islands
Noridian Healthcare Solutions, LLC	A and B MAC	01311 - MAC A	J - E	Nevada
Noridian Healthcare Solutions, LLC	A and B MAC	01312 - MAC B	J - E	Nevada

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Noridian Healthcare Solutions, LLC	A and B MAC	01911 - MAC A	J - E	American Samoa California - Entire State Guam Hawaii Nevada Northern Mariana Islands

Article Information

General Information

Article ID Number A53359	Original Effective Date 10/01/2015
Original ICD-9 Article ID <u>A51543</u>	Revision Effective Date 02/28/2019
Article Title Sacral Nerve Stimulation for Urinary and Fecal Incontinence	Revision Ending Date N/A
	Retirement Date N/A

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Article Guidance

Article Text:

Background

Sacral Nerve Stimulation for urinary incontinence is covered for the treatment of urinary urge incontinence, urge-frequency syndrome, and urinary retention by the CMS National Coverage Determination (NCD) 230.18, http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part4.pdf. Direct stimulation of the sacral nerve(s) via an electrode array implanted at the level of the sacrum is the only treatment modality covered by the NCD. In addition, Noridian will cover sacral nerve stimulation by the same modality for the treatment of fecal incontinence, effective March 1, 2012.

Indications and Limitations

Urinary Incontinence

Sacral nerve stimulation is covered for the treatment of urinary urge incontinence, urgency-frequency syndrome, and urinary retention. Sacral nerve stimulation involves both a temporary test stimulation to determine if an implantable stimulator would be effective and a permanent implantation in appropriate candidates. Both the test and the permanent implantation are covered.

The NCD describes the following limitations for coverage to all three conditions:

- Patient must be refractory to conventional therapy (documented behavioral, pharmacologic and/or surgical corrective therapy) and be an appropriate surgical candidate such that implantation with anesthesia can occur.
- Patients with stress incontinence, urinary obstruction, and specific neurologic diseases (e.g., diabetes with peripheral nerve involvement) which are associated with secondary manifestations of the above three indications are excluded.
- Patient must have had a successful test stimulation in order to support subsequent implantation. Before a patient is eligible for permanent implantation, he/she must demonstrate a 50% or greater improvement through test stimulation. Improvement is measured through voiding diaries.

Patient must be able to demonstrate adequate ability to record voiding diary data such that clinical results of the implant procedure can be properly evaluated.

Fecal Incontinence

Noridian will cover sacral nerve modulation/stimulation for fecal incontinence effective March 1, 2012, when all of the following criteria are met:

- Chronic fecal incontinence with greater than two incontinent episodes on average per week and duration of incontinence greater than six months or for more than twelve 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 one week) improvement in symptoms; AND
- Condition is not related to 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) and/or chronic inflammatory bowel disease; AND
- Incontinence is not related to another neurologic condition such as peripheral neuropathy or complete spinal cord injury.

Sacral nerve modulation/stimulation is considered **experimental, investigational and unproven for the treatment of chronic constipation or chronic pelvic pain.**

Sources:

- Internet Only Manual (IOM) *Medicare National Coverage Determination Manual*, Publication 100-03, Section 230.18 *Sacral Nerve Stimulation for Urinary Incontinence*;

- Abrams P et al. Fourth International Consultation on Incontinence recommendations of the International Scientific Committee: evaluation and treatment of urinary incontinence, pelvic organ prolapse, and fecal incontinence;
- *Neurourol Urodyn.* 2010; 29(1):213-40;
- *Annals of Surgery*, March 2010, Vol 251, Number 3. *Sacral Nerve Stimulation for Fecal Incontinence, Results of a 120-Patient Prospective Multicenter Study*;
- Michelsen H, Thompson-Fawcett M, Lundy L, Krogh K, Laurberg S, Buntzen S;
- Six Year Experience with Sacral Nerve Stimulation for Fecal Incontinence;
- *Dis Colon Rectum.* 2010; 53(4)414-421; Mowatt G, Glazener CMA, Jarrett M. Sacral nerve stimulation for fecal incontinence and constipation in adults (Review);
- *The Cochrane Library.* 2009, Issue 1; National Institute for Health and Clinical Excellence. Fecal incontinence: the management of fecal incontinence in adults. NICE Clinical Guideline 49, June 2007;
- Trailblazer Health Enterprises, Local Coverage Determination for *Sacral Nerve Stimulation* – 4S-154AB-R9, Effective March 01, 2008

Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the article does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the article should be assumed to apply equally to all claims.

BILL TYPE CODE	BILL TYPE DESCRIPTION
011x	Hospital Inpatient (Including Medicare Part A)
013x	Hospital Outpatient
071x	Clinic - Rural Health
073x	Clinic - Freestanding
085x	Critical Access Hospital

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the article, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the article should be assumed to apply equally to all

Revenue Codes.

REVENUE CODE	REVENUE CODE DESCRIPTION
0272	Medical/Surgical Supplies and Devices - Sterile Supply
0274	Medical/Surgical Supplies and Devices - Prosthetic/Orthotic Devices
0275	Medical/Surgical Supplies and Devices - Pacemaker
0276	Medical/Surgical Supplies and Devices - Intraocular Lens
0278	Medical/Surgical Supplies and Devices - Other Implant
0279	Medical/Surgical Supplies and Devices - Other Supplies/Devices
0280	Oncology - General Classification
0289	Oncology - Other Oncology
0290	Durable Medical Equipment (other than renal) - General Classification
0360	Operating Room Services - General Classification
0510	Clinic - General Classification
0521	Freestanding Clinic - Clinic Visit by Member to RHC/FQHC
0624	Medical/Surgical Supplies and Devices - FDA Investigational Devices
0920	Other Diagnostic Services - General Classification

CPT/HCPCS Codes

Group 1 Paragraph: Covered CPT/HCPCS Codes:

Group 1 Codes:

CODE	DESCRIPTION
64561	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; SACRAL NERVE (TRANSFORAMINAL PLACEMENT) INCLUDING IMAGE GUIDANCE, IF PERFORMED
64581	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; SACRAL NERVE (TRANSFORAMINAL PLACEMENT)

Group 2 Paragraph:**Ancillary Coding****Group 2 Codes:**

CODE	DESCRIPTION
64585	REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR ELECTRODE ARRAY
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
A4290	SACRAL NERVE STIMULATION TEST LEAD, EACH
C1767	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), NON-RECHARGEABLE
C1778	LEAD, NEUROSTIMULATOR (IMPLANTABLE)
C1883	ADAPTER/EXTENSION, PACING LEAD OR NEUROSTIMULATOR LEAD (IMPLANTABLE)
C1897	LEAD, NEUROSTIMULATOR TEST KIT (IMPLANTABLE)
L8680	IMPLANTABLE NEUROSTIMULATOR ELECTRODE, EACH

ICD-10 Codes that are Covered**Group 1 Paragraph:**

Note: The "C" codes listed above are only applicable when billed under the hospital outpatient prospective payment system (OPPS) and they should be submitted in place of codes A4290.

Covered ICD-10-CM diagnosis codes for CPT/HCPCS codes 64561 and 64581**Group 1 Codes:**

CODE	DESCRIPTION
N30.10	Interstitial cystitis (chronic) without hematuria
N30.11	Interstitial cystitis (chronic) with hematuria

CODE	DESCRIPTION
N36.44	Muscular disorders of urethra
N39.41	Urge incontinence
N39.42	Incontinence without sensory awareness
N39.46	Mixed incontinence
N39.490	Overflow incontinence
N39.492	Postural (urinary) incontinence
N39.498	Other specified urinary incontinence
R15.9	Full incontinence of feces
R32	Unspecified urinary incontinence
R33.0	Drug induced retention of urine
R33.8	Other retention of urine
R33.9	Retention of urine, unspecified
R35.0	Frequency of micturition
R39.11	Hesitancy of micturition
R39.14	Feeling of incomplete bladder emptying
R39.15	Urgency of urination
R39.191	Need to immediately re-void
R39.192	Position dependent micturition

ICD-10 Codes that are Not Covered

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
02/28/2019	R2	This article is revised to add Type of Bill (TOB) and Revenue codes in the Bill Type Codes and Revenue Codes fields and CPT codes 64585 and 64595 to the Ancillary Codes in the Group 2 Codes as indicated in the Internet Only Manual (IOM) <i>Claims Processing Manual</i> , Publication 100-4 Chapter 32, Section 40.2-40.5.
10/01/2016	R1	The article was revised to add the following diagnoses effective 10/1/2016: N39.492, R39.191 and R39.192. R39.11 is added effective 10/1/2015. The JEA article A53358 is retired and JEA contract numbers are added to this JEB coverage article.

Associated Documents

Related Local Coverage Document(s)

N/A

Related National Coverage Document(s)

N/A

Statutory Requirements URL(s)

N/A

Rules and Regulations URL(s)

N/A

CMS Manual Explanations URL(s)

[Medicare National Coverage Determinations Manual](#)

Other URL(s)

N/A

Public Version(s)

Updated on 02/19/19 with effective dates 02/28/2019 - N/A

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[Updated on 10/10/15 with effective dates 10/01/2015 - N/A](#)

Keywords

- Sacral Nerve
- Stimulation
- Incontinence
- constipation

- 64561
- 64581
- 64585
- 64590
- 64595
- A4290
- C1767
- C1778
- C1883
- C1897
- L8680