

Sacral Nerve Stimulator

Sacral Nerve Stimulators are prior-authorized by the OHCA: CPT codes 64561, 64581, 64590, 64595 and 95972.

DOCUMENTATION REQUIRED:

- I. Urge Urinary Incontinence and/or Urge Frequency Incontinence:
 - A. For a sacral nerve stimulator screening trial provide a complete history and physical exam including **all** of the following:
 1. Documentation of urge urinary incontinence or symptoms of urge-frequency for at least 12 months and the condition has resulted in significant disability limiting the member's ability to participate in daily activities. (documentation of the disability is required); **and**
 2. Pharmacotherapies (i.e., at least 2 different anti-cholinergic drugs or a combination of an anti-cholinergic and a tricyclic anti-depressant) as well as behavioral treatments (e.g., pelvic floor exercise, biofeedback, timed voids, and fluid management have failed); **and**
 3. Copy of member's voiding diary demonstrating adequate ability to record daily urinary frequency and incontinence.
 - B. Permanent sacral nerve stimulator implantation is considered when all of the criteria above (IA1, 2 & 3) are met **and** the test stimulation of the device has provided at least a 50% improvement in symptoms. Improvement is measured through incontinence diaries and physician follow-up evaluation after the trial.
- II. Treatment of non-obstructive urinary retention:
 - A. For a sacral nerve stimulator screening trial provide a complete history and physical exam including **all** of the following:
 1. Documentation of urinary retention for at least 12 months and the condition has resulted in significant disability in limiting the member's ability to participate in daily activities. (documentation of the disability is required); **and**
 2. Pharmacotherapies (e.g. alpha blockers, cholinergic, and antibiotics for urinary tract infections) as well as failed or poorly tolerated intermittent catheterization; **and**
 3. Copy of member's voiding diary demonstrating adequate ability to record voiding diary data.

B. Permanent sacral nerve stimulator implantation is considered when all of the criteria above (IIA1, 2 & 3) are met **and** the test stimulation of the device has provided at least a 50% improvement in symptoms. Improvement is measured through incontinence diaries and physician follow-up evaluation after the trial.

III. Chronic fecal incontinence:

- A. For a sacral nerve stimulator screening trial provide a complete history and physical exam including **all** of the following:
1. Documentation of a structurally intact anal sphincter; **and**
 2. Documentation of chronic fecal incontinence of greater than 2 incontinent episodes on average per week with duration greater than 6 months; **and**
 3. Documentation of inadequate response to conservative treatment (e.g., biofeedback, dietary management, pharmacotherapy, strengthening exercises).
 4. Copy of member's incontinence diary demonstrating adequate ability to record incontinence data.
- B. Permanent sacral nerve stimulator implantation is considered when all of the criteria above (IIIA1, 2, 3&4) are met and the test stimulation of the device, over a period of up to 14 days, has provided at least a 50% decrease in symptoms. Improvement is measured through incontinence diaries and physician follow-up evaluation after the trial.
- C. Sacral nerve stimulation for fecal incontinence is contraindicated if either of the following apply:
1. The condition is related to anorectal malformation or defects of the anal sphincter over 60 degrees, visible sequelae of pelvic radiation such as active anal abscess(es) or anal fistula(s), or chronic inflammatory disease; or
 2. Fecal incontinence is related to another neurologic condition.
 - 3.

Sacral nerve stimulation is not covered in the following situations:

- Pregnancy;
- Pediatric use (under age 18);
- Patients with progressive, systemic neurological diseases
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Bilateral Sacral Nerve Stimulation Implantation is not covered. Per literature from Medtronic, the safety and effectiveness for bilateral stimulation has not been established.

Sacral Nerve Stimulation is considered investigational and not medically necessary for all other indications because its effectiveness for indications other than the ones listed above has not been established.