Medica Central Coverage Policy

Policy Name:	**Sacral Nerve Stimulation MP9624**
Effective Date:	**09/01/2025**

Important Information – Please Read Before Using This Policy
These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other 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, Medicaid, and other government programs, this policy will apply unless these 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 may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers

Medica Central 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 unproven and therefore **NOT COVERED** for treatment of fecal incontinence in children. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the safety and efficacy or effects on health care outcomes.

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Sacral nerve stimulation is investigative and unproven 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. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the efficacy or effects on health care outcomes.

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

The U.S. Food and Drug Administration (FDA) have approved several sacral nerve neuromodulation devices through the premarket approval process, including, but not limited to:

1. InterStim™ and InterStim II® Sacral Nerve Stimulation (SNS) Systems® (Medtronic, Minneapolis, MN).
2. InterStim Sacral Nerve Stimulation (SNS) Therapy Systems® (Medtronic, Minneapolis, MN).
3. InterStim™ Micro Rechargeable Sacral Neuromodulation (SNM) System® (Medtronic, Minneapolis, MN)
4. Axonics Rechargeable Sacral Neuromodulation (r-SNM)® System (Axonics Neuromodulation Technologies).
5. InterStim X™ system. Recharge-free neurostimulator for bowel and bladder control.

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)
- **A4290** - Sacral nerve stimulation test lead, each

HCPC Codes:

- **L8679** - Implantable neurostimulator, pulse generator, any type
- **L8680** - Implantable neurostimulator electrode, each
- **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
- **L8689** - External recharging system for battery (internal) for use with implantable neurostimulator

Original Effective Date:	05/01/2023
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	05/15/2023
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Administrative Update(s):	