

Fecal Incontinence Treatments

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Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details [*](#).

Purpose:

This policy addresses the medical necessity of - Fecal Incontinence Treatments.

Description & Definitions:

Fecal Incontinence treatments are therapies or procedures used to assist with the involuntary loss of bowel movements.

Criteria:

Fecal incontinence treatment is considered medically necessary for **1 or more** of the following:

- Biofeedback upon request for individuals who have the benefit
- Acticon Neosphincter artificial bowel sphincter for indications of **All** of the following:
 - Individual is 18 years of age or older
 - Individual has severe fecal incontinence
 - Individual has indications of **1 or more** of the following:
 - Failed medical interventions (e.g., pharmacotherapy, biofeedback, dietary management, strengthening exercises)
 - Not a candidate for medical interventions (e.g., pharmacotherapy, biofeedback, dietary management, strengthening exercises)
 - Individual who has failed medical treatment, or has failed or is a not candidate for surgical sphincter repair (e.g., sphincteroplasty, post-anal repair, or total pelvic floor incontinence is considered severe when it results in the involuntary loss of solid stool or liquid stool on a weekly or more frequent basis)
- Reusable Manual Pump Operated Enema Systems (including balloon, catheter, and all accessories, e.g., Peristeen Anal Irrigation System) (one system every three months) with **1 or more** of the following
 - Individual cannot use gravity operated systems
 - There has been trial and failure of gravity operated systems

Fecal Incontinence Treatments is considered not medically necessary for any use other than those indicated in clinical criteria, to include but not limited to:

- Injectable bulking agents for fecal incontinence
- Perianal electrical stimulation
- Posterior tibial nerve stimulation
- Rectal control system for vaginal insertion
- Rectal inserts for fecal incontinence
- Topical estrogen
- Transanal radiofrequency therapy (also known as the Secca procedure)

Coding:

Medically necessary with criteria:

Coding	Description
90901	Biofeedback training by any modality.
90912	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient.
90913	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (List separately in addition to code for primary procedure).
A4453	Rectal catheter for use with the manual pump-operated enema system, replacement only.
A4458	Enema bag with tubing, reusable.
A4459	Manual pump-operated enema system, includes balloon, catheter and all accessories, reusable, any type.

Considered Not Medically Necessary:

Coding	Description
46999	Unlisted procedure, anus.
64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming.
A4337	Incontinence supply, rectal insert, any type, each.
A4563	Rectal control system for vaginal insertion, for long term use, includes pump and all supplies and accessories, any type each.
L8605	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, anal canal, 1 ml, includes shipping and necessary supplies.

Document History:

Revised Dates:

- 2022: September
- 2021: November
- 2021: March
- 2020: March, November
- 2019: April, October
- 2016: January
- 2015: March, August, September
- 2014: October
- 2013: January, March, April, May, July
- 2012: April, November
- 2010: March, April, August
- 2009: January, April

Reviewed Dates:

- 2023: September
- 2019: March
- 2017: December
- 2014: April
- 2011: April
- 2010: July

Effective Date:

- August 2008

References:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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Surgical interventions and the use of device-aided therapy for the treatment of fecal incontinence and defecatory disorders. (2017, Aug 22). Retrieved Aug 28, 2023, from American Gastroenterological Association (AGA): <https://gastro.org/clinical-guidance/surgical-interventions-and-the-use-of-device-aided-therapy-for-the-treatment-of-fecal-incontinence-and-defecatory-disorders/?hilite=fecal+incontinence>

National Coverage Determination (NCD) Biofeedback Therapy. (Longstanding). Retrieved Aug 28, 2023, from Centers for Medicare & Medicaid Services: <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=41&ncdver=1&keyword=biofeedback&keywordType=starts&areald=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1>

Special Notes: *

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

Keywords:

SHP Fecal Incontinence, Biofeedback, Acticon Neosphincter, artificial bowel sphincter, pharmacotherapy, dietary management, strengthening exercises, sphincteroplasty, post-anal repair, total pelvic floor incontinence, sphincter repair, sacral nerve stimulation, SNS, sacral neuromodulation, Manual Pump Operated Enema Systems, InterStim, Peristeen Anal Irrigation System, SHP Medical 300, bowel incontinence, uncontrollable passage of feces, loss of bowel control, accidental bowel leakage, noninvasive cognitive therapy to retrain the pelvic floor and the abdominal wall muscles, Reusable Manual Pump Operated Enema Systems (Peristeen) - Anal Irrigation System to flush out lower bowel, InterStim - a neuromodulation device (sacral nerve stimulation), artificial bowel sphincter, SHP Injectable Bulking Agents for Rectal Incontinence, Solesta, SHP Medical 271, fecal incontinence, bulking agent, anoscopy, anorectal DxHA injections