

# Medical Coverage Policies

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## Sacral Nerve Stimulation

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### Description:

Sacral nerve stimulation (SNS) or sacral nerve neuromodulation (SNM) is defined as the implantation of a permanent device that modulates the neural pathways controlling bladder functions. This treatment is one of several alternative modalities for patients with urinary urge incontinence, significant symptoms of urgency-frequency, or non-obstructive urinary retention who have failed behavioral and/or pharmacological conservative therapies.

The SNS device consists of an implantable pulse generator that delivers controlled electrical impulses. This pulse generator is attached to wire leads that connect to the sacral nerves. Two external components of the system help control the electrical stimulation: a control magnet is kept by the patient and can be used to turn the device on or off; a console programmer is kept by the physician and used to adjust the settings of the pulse generator.

Prior to implantation of the permanent device, patients undergo a trial testing of the peripheral nerve stimulation to estimate potential response to SNS. The results of this trial test are used to determine whether patients are appropriate candidates for the permanent device. If patients show a 50 percent or greater reduction in incontinence frequency, they are deemed eligible for the permanent device.

Typically, sacral nerve stimulation is indicated for patients who have failed previous conservative treatments, have had a successful trial testing of peripheral nerve stimulation, and have one of the following conditions:

- Urge incontinence (not due to a neurological condition, e.g., detrusor hyperreflexia, Multiple Sclerosis, spinal cord injury, or other types of chronic voiding dysfunction, which are associated with secondary manifestations), or
- Urge frequency, or
- Urinary retention.

### Medical Criteria:

Not applicable, this is a reimbursement policy.

### Policy:

Sacral nerve stimulation is a covered service.

### Coverage:

Benefits may vary between groups/contracts. Please refer to the appropriate member certificate/subscriber agreement/RIte Care contract for applicable surgery services benefits/coverage, diagnostic imaging/lab and machine tests benefits/coverage, medical equipment/medical supplies, and prosthetic devices benefits/coverage.

### Coding:

Sacral nerve neuromodulation involves several steps that are identified by the following codes.

1. In the first step, the patient undergoes a trial testing of the peripheral nerve stimulation to determine candidacy for permanent implantation. A temporary test lead is placed percutaneously onto the sacral nerve. The following codes **may** be used to describe the trial testing of the peripheral nerve stimulation:

HCPCS codes:covered under the medical equipment/medical supplies and prosthetic devices benefit:  
E1399: Durable medical equipment, miscellaneous (e.g. Bulk leads, needles, and cables)  
E0745: Neuromuscular stimulator, electronic shock unit

CPT code:covered under the surgery benefit:  
64561

HCPCS code:covered under the surgery benefit:  
A4290: Sacral nerve stimulation test lead, each

2. Those patients with a positive result of the peripheral nerve stimulation test will undergo permanent implantation of the electrode and pulse generator. The following codes **may** be used:

HCPCS codes:covered under the medical equipment/medical supplies and prosthetic devices benefit:  
L8681: Patient programmer (external) for use with implantable programmable neurostimulator pulse generator

HCPCS codes:covered under the surgery benefit:  
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

CPT code:(there are separate CPT codes for the electrodes and the stimulator), covered under the surgery benefit:  
64581, 64590

3. Some patients will require analysis and reprogramming of the device once implanted. The following CPT codes **may** be used:

CPT codes: covered under the diagnostic imaging/lab and machine tests benefit:  
95970, 95972, 95973

4. Some patients may require revision or removal of the implanted electrodes or pulse stimulator. The following CPT codes **may** be used:

CPT codes:covered under the surgery benefit:  
64585, 64595

#### **Also Known As:**

Interstim  
Sacral nerve neuromodulation (SNM)

#### **References:**

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