Harmony Behavioral Health, Inc.

Harmony Behavioral Health of Florida, Inc.

Harmony Health Plan of Illinois, Inc.

HealthEase of Florida, Inc.

'Ohana Health Plan, a plan offered by
WellCare Health Insurance of Arizona, Inc.

WellCare Health Insurance of Illinois, Inc.

WellCare Health Insurance of New York, Inc.

WellCare Health Plans of New Jersey, Inc.

WellCare of Florida, Inc.

WellCare of Connecticut, Inc.

WellCare of Georgia, Inc.

WellCare of Kentucky, Inc.

WellCare of Louisiana, Inc.

WellCare of New York, Inc.

WellCare of Ohio, Inc.

WellCare of Texas, Inc.

WellCare Prescription Insurance, Inc.

Electrical Stimulation for the Treatment of Constipation

Policy Number: HS-150

Original Effective Date: 1/21/2010

Revised Date(s): 8/12/2011

DISCLAIMER

The Clinical Coverage Guideline is intended to supplement certain standard WellCare benefit plans. The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in this Clinical Coverage Guideline. When a conflict exists between the two documents, the Member's Benefit Plan always supersedes the information contained in the Clinical Coverage Guideline. Additionally, Clinical Coverage Guidelines relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

BACKGROUND

Sacral Nerve Stimulation

As part of the FDA approval process, the Interstim® device was investigated in a series of randomized clinical trials that demonstrated that the device was effective in significantly reducing urinary symptoms in patients with urge incontinence, urgency frequency and non-obstructive urinary retention. There is inadequate data regarding the Interstim® device in patients with chronic pelvic pain, constipation, fecal incontinence or neurologic disorders, such as multiple sclerosis or spinal cord injury. Specifically, there are no randomized trials addressing these indications for sacral neuromodulation.

Pelvic Floor Stimulation

Pelvic floor stimulation, is a method of nonsurgical treatment for fecal and/or stress incontinence by electrically stimulating the pelvic floor muscles. Use of the type of stimulation needs more evaluation and is considered experimental and investigational. The pelvic floor muscles stretch from the pelvic bone to the tailbone. Pelvic floor stimulation treatment can be delivered in two methods. These methods include:

1) Electrical stimulation, which involves the internal use of a tampon-type probe which is wired to a device that controls the electrical impulses and is placed in the vagina or rectum. Individuals undergo electrical pelvic floor stimulation in a doctor's office, in a physical therapy facility, or they may have initial training in a doctor's office followed by home treatment with a rented or purchased pelvic floor stimulator.

2) Electromagnetic stimulation does not require an internal probe. During the treatment individuals sit fully clothed in a specially designed chair. The seat of this chair produces highly focused pulsed magnetic fields, which stimulates the pudendal nerve to improve the strength of the pelvic floor muscles. The pelvic floor muscles contract and relax with each magnetic pulse. This acts as an automatic Kegel exercise machine. Electromagnetic pelvic floor stimulation is typically administered in the doctor's office. A treatment session takes less than 30 minutes and is typically done twice a week for six to eight weeks.

POSITION STATEMENT

Sacral nerve stimulation and pelvic floor stimulation* **are considered experimental and investigational** for the treatment of constipation.

* Includes electrical and extracorporeal magnetic innervation methods.

CODING

Note: There is no specific coding designated for Electrical Stimulation for the Treatment of Constipation. This is considered experimental and investigational for the treatment of constipation.

Non-Covered CPT®* Codes

64561	Percutaneous implantation of neurostimulator electrodes; sacral nerve (transforaminal placement
64555	Percutaneous implantation of neurostimulator electrodes; peripheral nerve (excludes sacral nerve)
64575	Incision for implantation of neurostimulator electrodes; peripheral nerve (excludes sacral nerve)
64581	Incision or implantation of neurostimulator electrodes; sacral nerve (transforaminal placement)
64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling
64585	Revision or removal of peripheral neurostimulator electrodes

95970	Electronic analysis of implanted neurostimulator pulse generator system (e.g., rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple or complex brain, spinal cord, or peripheral (i.e., cranial nerve, peripheral nerve, autonomic nerve, neuromuscular) neruostimulator pulse generator/transmitter, without reprogramming
95971	Electronic analysis of implanted neurostimulator pulse generator system (e.g., rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple brain, spinal cord or peripheral (i.e., peripheral nerve, autonomic nerve, neuromuscular) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming
95972	Electronic analysis of implanted neurostimulator pulse generator system (e.g., rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, first hour
95973	Electronic analysis of implanted neurostimulator pulse generator system (e.g., rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)

ICD-9-CM Procedure Codes - No applicable codes

HCPCS Codes - No applicable codes

Non-Covered ICD-9-CM Diagnosis Codes

564.00 – 564.09 Constipation

REFERENCES

Peer Reviewed

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6. Ratto C, Parello A, Donisi L, Doglietto GB. Sacral neuromodulation in the treatment of defecation disorders. Acta Neurochir Suppl. 2007;97(Pt 1):341-50. Review.
7. Wong SW, Lubowski DZ. Slow-transit constipation: evaluation and treatment. ANZ J Surg. 2007 May;77(5):320-8. Review.

Government Agencies, Professional and Medical Organizations

N/A

HISTORY AND REVISIONS

Date	Action
12/1/2011	• New template design approved by MPC.
8/12/2011	• Approved by MPC. No changes.