

**Medical Coverage Policy**

Policy Number – MP21-002E

Original review date – 06/28/2021

Effective date – 02/27/2025

## Sacral nerve stimulation

**Definition**

Sacral Nerve Stimulation, or sacral nerve neuro-modulation, is defined as the implantation of a permanent device that modulates the neural pathways controlling bladder function by delivering controlled electrical impulses to the sacral nerves.

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, most commonly the S3 nerve root. 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.

**Policy statement**

*Disclaimer: This policy is applicable to TRICARE Prime and Select beneficiaries and may not apply to Active Duty Service Members (ADSM) under Supplemental Health Care Program (SHCP) or TRICARE Prime Remote (TPR) in accordance with TRICARE Operations Manual (TOM) Ch. 17, Sec. 3. Please review TOM Ch. 17, Sec. 3, Para. 2.0 onwards, regarding SHCP coverage and any TRICARE-specific exclusions included in this coverage policy to accurately determine the benefit for ADSMs.*

- I. Sacral Nerve Stimulation for **urinary** incontinence may be covered when all the following conditions are met:
  - a. Urge incontinence, non-obstructive urinary retention, urgency-frequency syndrome/overactive bladder syndrome
  - b. No bladder outlet obstruction
  - c. Conservative treatments (pharmacologic, behavioral modification, pelvic floor rehabilitation) and/or surgical correction have been tried and failed
  - d. Urinary incontinence is not related to a neurologic condition
  - e. At least a 50% improvement in symptoms during the trial phase

- II. Sacral Nerve Stimulation for chronic **fecal** incontinence may be covered when all the following conditions are met:
- Anal Sphincter is structurally intact
  - Symptoms are refractory to conservative treatments (pharmacologic, behavioral modification, dietary modification, bulking agents)
  - At least a 50% improvement in symptoms during the trial phase

## TRICARE Policy Manual

### TPM Ch. 4, Sec. 14.1

3.2 Benefits may be considered for the implantation of similar U.S. Food and Drug Administration (FDA) approved devices. The Sacral Nerve Root Stimulation (SNS) has received FDA approval. Services and supplies related to the implantation of the SNS may be covered for individuals with urge incontinence, non-obstructive urinary retention, or symptoms of urgency-frequency syndrome that is not due to a neurologic condition, who have failed previous conservative treatments, and who have had a successful peripheral nerve evaluation test.

### TPM Ch. 4, Sec. 20.1, 2.10

2.10 Sacral Nerve Stimulation (SNS) for the treatment of chronic fecal incontinence is covered for patients who have failed or are not candidates for more conservative treatment, and who have a weak but structurally intact anal sphincter refractory to conservative measures.

## Coding Information

64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed
64581	Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)
64585	Revision or removal of peripheral neurostimulator electrodes
64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver
64595	Revision or removal of implanted peripheral or gastric neurostimulator pulse generator or receiver

95970	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, Contact group(s), interleaving, pulse width, frequency (Hz), on/off, cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain, cranial nerve, spinal cord, peripheral nerve, or sacral nerve, neurostimulator pulse generator/transmitter, without programming
95971	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, Contact group(s), interleaving, pulse width, frequency (Hz), on/off, cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional
95972	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, Contact group(s), interleaving, pulse width, frequency (Hz), on/off, cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional
A4290	Sacral nerve stimulator test lead, each
E0745	Neuromuscular stimulator, electronic shock unit
L8679	Implantable neurostimulator pulse generator, any type
L8680	Implantable neurostimulator electrode, each
L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only
L8682	Implantable neurostimulator radiofrequency receiver
L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver

L8684	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement
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

## References

1. TRICARE Policy Manual Ch. 4 [TRICARE Manuals - Manual Information \(health.mil\)](https://www.health.mil/Manuals/Manual%20Information)
2. Centers for Medicare and Medicaid Services. National Coverage Determination (NCD) 230.18 Sacral Nerve Stimulation for Urinary Incontinence. Effective Date 01/01/2002
3. MCG Health. Implanted Electrical Stimulator, Sacral Nerve. Ambulatory Care. 28<sup>th</sup> edition. ACG: A-0645 (AC). Last reviewed: 03/14/2024

## Review history

February 2025: Updated references

February 2024: Updated references

May 2023: Updated references

**Approved by:**



Joseph F. McKeon, MD, MPH

Chief Medical Officer

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