



UM-CDG-039 Fecal Incontinence Evaluation and
Treatments

Approved By:
Director, Health Services

Effective Date:
10/22/2025

This Policy applies to all SECUR affiliates, associates, and subsidiaries.

Approved by Courtney Gonzales, Director of Health Services on behalf of the Utilization Management Committee.

PURPOSE

This coverage determination guideline serves to address fecal incontinence, also referred to as bowel incontinence, which is the loss of control causing stool to leak involuntarily from the rectum. Fecal incontinence can range from occasional leakage associated with short term illness to complete loss of bowel control. Causes can include damage to the anal sphincter or pelvic diaphragm, diarrhea, fecal impaction, illness, and injury.

For SECUR Health Plan members, National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) will be applied to requests when applicable. SECUR Health Plan Coverage Determination Guidelines (CDG) will be utilized in the absence of an appropriate NCD and/or LCD.

DEFINITIONS

Artificial Anal Sphincter: implantable, fluid filled device that consists of an inflatable silicon cuff, a pressure-regulating balloon, and a control pump that uses pressure of the fluid filled cuff to occlude the anal canal.

Biofeedback: therapy utilizing sensors to help identify and contract the anal sphincter muscles to help maintain continence

Defecation Programs (Bowel Training): designed to assist those with difficulty setting a schedule for sitting on the toilet at a regular time daily, following a meal, thus promoting emptying on a regular basis.

Injectable Bulking Agents: involves injection of collagen, autologous fat, or other materials into the anal sphincter area to increase the surface area to provide a better seal to the anal canal.

Nonimplantable Muscle Stimulator: device to provide pelvic muscle stimulation and biofeedback without implantation of electrodes

Percutaneous Tibial Nerve Stimulator (PTNS): also referred to as posterior tibial nerve stimulation, involves the use of nonimplanted electrodes that produce stimulation to the tibial nerve that travels to the sacral nerve plexus to control fecal incontinence.

Radiofrequency Ablation: minimally invasive procedure that uses alternating electrical current to cause controlled heating of the tissue in the anal sphincter.

Rectal Catheters and Rectal Inserts: currently being investigated for bedridden, immobilized, or incontinent patients, designed to collapse and expand during the peristaltic rectal contractions.

Rectal Control System for Vaginal Insertion: device that includes an inflatable balloon that is placed in the vagina and when inflated closes the rectum.

Sacral Nerve Stimulation/Sacral Neuromodulation: involves the implantation of electrodes, electrical leads, and use of a pulse generator at the sacral nerve to improve rectal sensation and anal sphincter muscle control.

Stem Cells: specifically adipose tissue derived stem cells, autologous myoblasts, and mesenchymal stem cells are being investigated for the treatment of fecal incontinence.

Colostomy: surgical construction of an artificial opening from the colon through the abdominal wall that is typically the last resort treatment for fecal incontinence.

Muscle Transposition: surgical procedure that uses muscle from another area of the body to encircle and strengthen the anal canal.

Sphincteroplasty: surgical procedure to repair a defect in the sphincter muscle in which the two ends of the muscle are cut and overlapped onto one another and then sutured into place to restore the complete circle of muscle.

Transanal Electrical Stimulation: utilizes electrical stimulation applied to the anal canal.

POLICY

SECUR Health Plan considers the following diagnostic test for fecal incontinence as medically necessary:

1. Anorectal manometry
2. Anorectal ultrasonography
3. Rectal sensory testing

Additionally, the following methods of conservative management for fecal incontinence are considered medically necessary:

1. Biofeedback
2. Defecation programs and bowel training
3. Diet modifications
4. Pelvic floor physical therapy
5. Pharmacotherapy

SECUR Health Plan considers sacral nerve stimulation (SNS) for fecal incontinence as medically necessary when the following are met:

1. Absence of contraindications, and
2. Testing confirms diagnosis of fecal incontinence, and
3. Failure of, contraindication to, or intolerance of conservative management, and
4. Trial test stimulation demonstrated at least 50% sustained (more than 48 hours) improvement in incontinence symptoms during the trial period.

Removal of the SNS device will be considered medically necessary when a previously implanted device and/or its components cause complications or negative outcomes for the member.

SNS placement will be considered medically necessary when:

1. Previously implanted device and/or associated components are no longer functional and are no longer warrantied, and
2. Absence of contraindications, and
3. US Food and Drug Administration (FDA) approved device is utilized as replacement

Surgical treatments for fecal incontinence will be considered medically necessary when the following are met:

1. Anal Sphincter Repair for the following:
 - Anal sphincter injury, and
 - Failure of, contraindication to, or intolerance of conservative management, or
2. Colostomy for the following:
 - Failure of, contraindication to, or intolerance of conservative management, and
 - Failure of or not a candidate for minimally invasive surgical interventions or sphincteroplasty

SECUR Health Plan considers sacral nerve stimulation as medically necessary if the following contraindications

are present:

1. Age 17 or younger, or
2. Presence of anorectal malformation, or
3. Bilateral stimulation, or
4. Member incapable of operating device, or
5. Pregnancy, or
6. Presence of progressive, systemic neurologic disease

Sacral nerve stimulation for fecal incontinence will not be considered medically necessary for indications that are not approved by the FDA and include but are not limited to, chronic pelvic pain and chronic constipation.

SECUR Health Plan considers the following to be not medically necessary:

1. Incontinence collection systems
2. Incontinence undergarments
3. Rectal catheters
4. Rectal inserts
5. Adipose tissue-derived stem cells
6. Autologous myoblasts or mesenchymal stem cell injections
7. Nonimplantable muscle stimulators
8. Transanal electrical stimulation
9. Artificial anal sphincter
10. Injectable bulking agents
11. Percutaneous tibial nerve stimulation
12. Rectal control system for vaginal insertion
13. Transanal radiofrequency therapy

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