Medical Policy
Transanal Radiofrequency Treatment of Fecal Incontinence

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Policy Number: 309
BCBSA Reference Number: 2.01.58

Related Policies
- Biofeedback as a Treatment of Fecal Incontinence, #308

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity Medicare HMO BlueSM and Medicare PPO BlueSM Members

Transanal radiofrequency therapy as a treatment of fecal incontinence is INVESTIGATIONAL.

Prior Authorization Information
Pre-service approval is required for all inpatient services for all products.
See below for situations where prior authorization may be required or may not be required for outpatient services.
Yes indicates that prior authorization is required.
No indicates that prior authorization is not required.
N/A indicates that this service is primarily performed in an inpatient setting.

<table>
<thead>
<tr>
<th>Outpatient</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Commercial Managed Care (HMO and POS)</td>
<td>This is not a covered service.</td>
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<tr>
<td>Commercial PPO and Indemnity</td>
<td>This is not a covered service.</td>
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<td>Medicare HMO BlueSM</td>
<td>This is not a covered service.</td>
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<tr>
<td>Medicare PPO BlueSM</td>
<td>This is not a covered service.</td>
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CPT Codes / HCPCS Codes / ICD Codes
Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.
The following codes are included below for informational purposes only; this is not an all-inclusive list.

No specific CPT codes.

Description
Fecal incontinence is the involuntary leakage of stool from the rectum and anal canal. Fecal continence depends on a complex interplay of anal sphincter function, pelvic floor function, stool transit time, rectal capacity, and sensation. There are a variety of etiologies, including injury from vaginal delivery, anal surgery, neurologic disease, and the normal aging process.

Radiofrequency energy has been investigated as a minimally invasive treatment of fecal incontinence, referred to as the Secca procedure. In this outpatient procedure using conscious sedation, radiofrequency energy is delivered to the sphincteric complex of the anal canal to create discrete thermal lesions. Over several months, these lesions heal and the tissue contracts, changing the tone of the tissue and improving continence.

Examples of transanal radiofrequency therapy devices as a treatment of fecal incontinence include the Secca™ System. All transanal radiofrequency therapy devices as a treatment of fecal incontinence are considered investigational regardless of the commercial name, the manufacturer or FDA approval status.

Summary
The trials described in this policy include a small number of patients, and the estimates of treatment differences are very imprecise. The study follow-up periods are variable and need to be considerably longer for a proper evaluation of long-term success. No new studies on this procedure have been published since the last update. Multicenter randomized controlled trials with sufficient power are required to evaluate the continuing use of this procedure as an alternative to other surgical interventions or physical therapies or as an adjunct treatment option for fecal incontinence. Given the insufficient evidence available to evaluate the impact of the technology on net health outcome, this surgical procedure is considered investigational.

Policy History

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
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<tbody>
<tr>
<td>1/2017</td>
<td>Clarified coding information for the 2017 code changes.</td>
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<tr>
<td>1/2016</td>
<td>New references added from BCBSA National medical policy.</td>
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<tr>
<td>12/2015</td>
<td>Added coding language.</td>
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<td>2/2014</td>
<td>New references added from BCBSA National medical policy.</td>
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Information Pertaining to All Blue Cross Blue Shield Medical Policies
Click on any of the following terms to access the relevant information:
Medical Policy Terms of Use
Managed Care Guidelines
Indemnity/PPO Guidelines
Clinical Exception Process
Medical Technology Assessment Guidelines

References


