



Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association

Preview questionnaire

Sacral nerve neuromodulation/stimulation for fecal incontinence

For Blue Care Network commercial

Effective July 27, 2025

Sacral nerve neuromodulation/stimulation for fecal incontinence

We provide coverage for this procedure for adult members who meet medical necessity criteria. Submit authorization requests through the e-referral system.

The submitter will receive a prompt to complete a questionnaire to determine the appropriateness of the requested service. The questions are listed below.

If all questions are answered, e-referral will either approve or pend the case. If the case pends and we cannot authorize it, we will contact the provider for additional clinical information. Authorization is not a guarantee of payment.

Payment is based on established claim edits. We may retrospectively monitor compliance with authorization requirements.

Applicable procedure codes: *64561, *64581, *64590

Applicable diagnosis codes: R15.0, R15.1, R15.2, R15.9

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See below for the questions you'll encounter in the e-referral system.



Q Is this request for a TRIAL period of sacral nerve stimulation? Note: MUST select NO if the request is for permanent placement.



Possible answers: Yes No



Q Is this a request for a PERMANENT implantation of sacral nerve stimulation device AND BOTH of the following (A-B)? A. The patient has completed a trial period for at least 48 hours. B. The patient has had at least 50 percent improvement in symptoms during the trial period. Note: MUST select NO if the request is for trial placement.



Possible answers: Yes No

Q Is the incontinence related to a neurologic condition (for example, detrusor hyperreflexia, multiple sclerosis or spinal cord injury)?

A

Possible answers: Yes No

Q Does the patient have CHRONIC fecal incontinence with more than two incontinent episodes per week for more than 6 months (or more than 12 months after vaginal childbirth)?

A

Possible answers: Yes No

Q Does the patient's medical record document failure or intolerance to conventional therapies for treating fecal incontinence (for example, dietary modification, the addition of bulking agents, maximal medication management (dose and duration))?

A

Possible answers: Yes No

Q Is the patient's fecal incontinence related to EITHER of the following (A-B)? A. Anorectal malformation (for example, congenital anorectal malformation; defects of the external anal sphincter over 60 degrees; visible sequelae of pelvic radiation; active anal abscesses and fistulae). B. Chronic inflammatory bowel disease.

A

Possible answers: Yes No

Q Has the patient had rectal surgery in the past 12 months OR the past 24 months for a patient with cancer?

A

Possible answers: Yes No