Secca® Procedure for Fecal Incontinence

MPM 19.8

Disclaimer
Refer to the member’s specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in these criteria.

Prior Authorization may or may not be required. Please use the Prior Authorization/Benefit Certification Guide to determine when a prior authorization/benefit certification is required.

https://ds.phs.org/preslogin/index.jsp

Description
Fecal incontinence is the involuntary leakage of stool from the rectum and anal canal. The Secca® Procedure is a minimally invasive outpatient procedure that uses radiofrequency energy delivered to the sphincter and anal canal to create thermal lesions. Over time, the lesions heal, contracting the collagen and remodeling the muscles of the anal canal and distal rectum. This leads to improved continence.

Coverage Determination
PHP considers transanal radiofrequency therapy for the treatment of fecal incontinence (also known as the Secca procedure) experimental and investigational because its effectiveness has not been established.

Coding
The coding listed in this medical policy is for reference only. Covered and non-covered codes are within this list.

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>46999</td>
<td>Unlisted procedure, anus</td>
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<table>
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<tr>
<th>ICD-10 Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>R15.0-R15.9</td>
<td>Full incontinence (code range)</td>
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References
2. CMS Local Coverage Determination, Non-Covered Services (L35008), (L33629) and (L36219)

Approval Signatures
Clinical Quality Committee: Norman White MD
Medical Directory: David Yu MD

Approval Dates
May 22, 2019

Publications History
03-28-05: PHP Benefit Alert, Original Effective Date
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01-27-10: Transitioned to Medical Policy
04-25-12: Biennial Review
01-29-14: Presbyterian Policy Retired
01-29-14: Presbyterian now uses Aetna #0611.
05-22-19: Annual review, no change to Aetna policy.

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available online at: Click here for Medical Policies

Not every Presbyterian health plan contains the same benefits. Please refer to the member’s specific benefit plan and Schedule of Benefits to determine coverage. [MPMPPC051001]