OVERVIEW
Injectable bulking agents are space-filling substances used to increase tissue bulk. They can be injected perianally to treat fecal incontinence.

PRIOR AUTHORIZATION
Prior Authorization is not required.

POLICY STATEMENT
BlueCHiP for Medicare and Commercial
Injectable bulking agents in the treatment of fecal incontinence are considered not medically necessary as there is insufficient evidence in published peer reviewed medical literature to support its use.

MEDICAL CRITERIA
Not applicable.

BACKGROUND
Fecal incontinence is defined as the unintentional loss of flatus, liquid, or stool. Although it is considered a benign disorder, severe fecal incontinence is a distressing and socially isolating medical condition. The loss of control of one’s bowels reduces the quality of life and psychological well being. Individuals who suffer from this condition often alter their lifestyle to minimize the likelihood of bowel accidents in public places. Over time, this can result in progressive social isolation and work incapacity.

Fecal incontinence can occur at any age, but is most common among people over the age of 65. Vaginal delivery childbirth is a major cause of fecal incontinence as childbirth may result in damage to the anal sphincter.

Several treatments have reported good results. If an underlying condition is causing fecal incontinence, treating the condition may bring relief. If there is no underlying condition, or if treating the underlying condition does not work, suppositories or enemas may help. Sphincter damage caused by childbirth is often effectively treated with surgery, as are other kinds of incontinence related sphincter injuries. Sometimes surgical treatment requires building an artificial sphincter using a thigh muscle. Biofeedback training has also been investigated.

Studies using injectable bulking agents have been run with limited results. At this time studies are limited and inconclusive. Therefore injectable bulking agents in the treatment of fecal incontinence are not medically necessary due to insufficient evidence in published peer reviewed medical literature to support its use.

COVERAGE
Benefits may vary. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement, or benefit booklet for applicable "Not Medically Necessary" services.
CODING
BlueCHiP for Medicare and Commercial
The following code is not medically necessary for all BCBSRI products:
L8605

RELATED POLICIES
Preventive Services for Commercial Members
Preventive Services for BlueCHiP Members

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REFERENCES

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