

Medical Coverage Policy | Injectable Bulking Agent for Fecal Incontinence



EFFECTIVE DATE: 02|05|2013
POLICY LAST UPDATED: 05|06|2014

OVERVIEW

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

PRIOR AUTHORIZATION

Not applicable.

POLICY STATEMENT

Blue CHiP 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 their use.

MEDICAL CRITERIA

Not applicable.

BACKGROUND

Bulking agents injected into the anal canal have been proposed for treating fecal incontinence. In particular, bulking agents are a potential treatment for passive fecal incontinence associated with internal anal sphincter dysfunction. The bulking agent is injected into the submucosa of the anal canal to increase tissue bulk in the area, which narrows the opening of the anus. Current treatment options for fecal incontinence include conservative measures eg, dietary changes, pharmacotherapy and pelvic floor muscle exercises, sacral nerve stimulation, and surgical interventions to correct an underlying problem.

Several agents have been studied for the treatment of fecal incontinence. To date, only 1 bulking agent has been approved by FDA for treating fecal incontinence. This is a formulation of nonanimal stabilized hyaluronic acid/dextranomer in stabilized hyaluronic acid (NASHA Dx) and is marketed by Q-Med as Solesta.

Overall, the evidence is not sufficient to conclude whether bulking agents are an effective treatment for fecal incontinence. 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 between groups/contracts. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for limitations of benefits/coverage when services are not medically necessary.

CODING

BlueCHiP for Medicare and Commercial

The following codes are not medically necessary:

0377T, L8605

RELATED POLICIES

Not applicable.

PUBLISHED

Provider Update	Jul 2014
Policy Update	Apr 2013

REFERENCES

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