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Surgery Scheduling Checklist for Sacral Nerve Stimulation

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This checklist was developed by Stephanie Van Zandt, M.D. (see story, p. 1).^[1]

Indication Checklist for Sacral Nerve Stimulation

Patient Name: _____

DOB: _____

Documentation of the following required:

- Urinary urge incontinence
- Urgency-frequency syndrome
- Urinary retention (nonobstructive)
- Fecal incontinence (must document a 2-3 week test stimulation trial)
- Documentation of a weakened but structurally intact anal sphincter
- Effect of incontinence/retention on patient's ability to work or perform activities

Pre-procedure requirements. Include documentation of the following unless contraindicated:

- Behavioral therapy failed
- Medications
- List meds trialed:

- Surgical corrective therapy
- Patient voiding or fecal incontinence diary kept after test stimulation (must demonstrate 50% or > improvement to support subsequent implantation). Patient must have adequate ability to record diary data
- Biofeedback failed for fecal incontinence
- Dietary management trial for fecal incontinence
- Strengthening therapy trial for fecal incontinence

Sacral nerve stimulation for the following conditions is not considered medically necessary:

- Stress incontinence, urinary obstruction and specific neurologic diseases with associated secondary manifestations
- Diathermy for fecal incontinence is a contraindication
- Patients who are unable to operate the neurostimulator are not candidates for SNS for fecal incontinence

Procedure Date: _____

Physician Signature: _____

Date/Time: _____

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