ANORECTAL TESTING

▪ Anorectal Manometry
▪ Evacuation Proctography
▪ Magnetic Resonance (MR) Defecography
▪ Nerve Latency Measurement
▪ Rectal Sensation Test

Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member’s specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Medical Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as “Description” defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as “Criteria” defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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ANORECTAL TESTING (cont.)

Description:

Anorectal Manometry:
Measurement of pressures within the anal canal and sphincter during contraction and at rest.

Evacuation Proctography (Defecography):
Radiographic imaging of the process, rate and completeness of rectal evacuation. Also known as X-ray videoproctography.

Magnetic Resonance (MR) Defecography:
MR imaging of the pelvic floor muscles and soft tissues to evaluate rectal evacuation. Also called dynamic magnetic resonance imaging (MRI) of defecation.

Nerve Latency Measurement:
Measurement of conduction of the pudendal nerve using stimulating and recording electrodes. Also called pudendal nerve terminal motor latency (PNTML) or pudendal nerve motor latency test (PNMLT).

Rectal Sensation Test:
Balloon distention of the bowel to determine the smallest volume that produces rectal sensation, the sensation of urge to defecate and the sensation of pain at the maximum tolerable volume.

Criteria:

Anorectal Manometry:

- Anorectal manometry is considered medically necessary for evaluation of ANY of the following:
  1. Fecal incontinence
  2. Chronic severe constipation with pelvic floor dysfunction
  3. Hirschsprung’s disease is suspected
  4. Anatomic defects of the anal sphincter, when other tests (i.e. ultrasound, barium enema) are not diagnostic

- Anorectal manometry for all other indications not previously listed or if above criteria not met is considered experimental or investigational based upon insufficient evidence to support an improved health outcome.
ANORECTAL TESTING (cont.)

Criteria: (cont.)

Evacuation Proctography and MR Defecography:

- Evacuation proctography and MR defecography are considered medically necessary for evaluation of chronic constipation when ANY of the following are suspected:
  1. Pelvic floor dysfunction
  2. Enterocele
  3. Anterior rectocele

- Evacuation proctography and MR defecography for all other indications not previously listed or if above criteria not met is considered experimental or investigational based upon insufficient evidence to support an improved health outcome.

Rectal Sensation Test:

- Rectal sensation test is considered medically necessary for ANY of the following:
  1. To define functional weakness of the external or internal anal sphincter
  2. To detect abnormal rectal sensation

- Rectal sensation test for all other indications not previously listed or if above criteria not met is considered experimental or investigational based upon:
  1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
  2. Insufficient evidence to support improvement of the net health outcome, and
  3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives, and
  4. Insufficient evidence to support improvement outside the investigational setting.

Nerve Latency Measurement:

- Nerve latency measurement of the pudendal nerve is considered experimental or investigational based upon:
  1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
  2. Insufficient evidence to support improvement of the net health outcome, and
  3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives, and
  4. Insufficient evidence to support improvement outside the investigational setting.
ANORECTAL TESTING (cont.)

Resources:

Literature reviewed 04/25/17. We do not include marketing materials, poster boards and non-published literature in our review.


ANORECTAL TESTING (cont.)

**Resources**: (cont.)


ANORECTAL TESTING (cont.)

Resources: (cont.)


ANORECTAL TESTING (cont.)

Resources: (cont.)


ANORECTAL TESTING (cont.)

**Resources:** (cont.)


51. UpToDate.com. Overview of rectal procidentia (rectal prolapse). 03/02/2017, 06/03/2015.

ANORECTAL TESTING (cont.)

Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ’s Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1–800–368–1019, 800–537–7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe’ é atah nihilígíí Blue Cross Blue Shield of Arizona haada yit’éégo bina’ídziíkidgo éí doodago Háída bígí aniyeédíígíí t’áadoo le’é yina’ídziíkidgo bee hazaaz’ánii hólq díí t’áa hazaadk’ééhí háká a’doowolgo bee haza’ doo báqah ilínígoó. Ata’ halne’ilígíí kojí ‘bích’íj’ hodíilíínih 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

Arabic: إن كان لديك أو أردت شخصًا تساعد أسرته بخصوص Blue Cross Blue Shield of Arizona الضرورية بلغتك من دون أية تكلفة، التحدث مع مترجم صلب ب 877-475-4799.
ANORECTAL TESTING (cont.)

Multi-Language Interpreter Services: (cont.)

Tagalog: Kung ikaw, o ang iyong tinutuuanang, ay may mga katarungan tungkol sa Blue Cross Blue Shield of Arizona, may karapatang na makauka ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 877-475-4799.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Blue Cross Blue Shield of Arizona에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 이용 부담없이 얻을 수 있는 권리가 있습니다. 그렇지 통역사와 얘기하기 위해서는 877-475-4799로 전화하십시오.

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Blue Cross Blue Shield of Arizona, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 877-475-4799.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue Cross Blue Shield of Arizona haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 877-475-4799 an.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue Cross Blue Shield of Arizona, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 877-475-4799.

Japanese: ご本人様、またはお客様の身の回りの方でも、Blue Cross Blue Shield of Arizonaについてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、877-475-4799までお電話ください。

Farsi:

ان اگر شما یا کسی که شما به آن کمک می‌کنید، سوال‌های مربوط به خدمات و اطلاعاتی که Blue Cross Blue Shield of Arizona می‌دهد را به طور رایگان دریافت می‌نماید 877-475-4799.

Assyrian:

Blue Cross Blue Shield of Arizona


Thai: หากคุณ หรือผู้ที่คุณช่วยเหลือมีคำถามเกี่ยวกับ Blue Cross Blue Shield of Arizona คุณมีสิทธิ์ได้รับการช่วยเหลือและข้อมูลในภาษาของคุณโดยไม่เสียค่าใช้จ่าย ทั้งนี้สามารถโทรศัพท์ 877-475-4799