



MEDICAL COVERAGE GUIDELINES  
SECTION: MEDICINE

ORIGINAL EFFECTIVE DATE: 12/30/06  
LAST REVIEW DATE: 03/05/19  
LAST CRITERIA REVISION DATE: 04/26/16  
ARCHIVE DATE:

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## ANORECTAL TESTING

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

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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.

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### 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.



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## 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.



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## ANORECTAL TESTING (cont.)

### Resources:

Literature reviewed 04/03/18. We do not include marketing materials, poster boards and non-published literature in our review.

Resources prior to 04/28/15 may be requested from the BCBSAZ Medical Policy and Technology Research Department.

1. Ahmad AN, Hainsworth A, Williams AB, Schizas AM. A review of functional pelvic floor imaging modalities and their effectiveness. *Clinical imaging*. Jul-Aug 2015;39(4):559-565.
2. Bhan SN, Mnatzakanian GN, Nisenbaum R, Lee AB, Colak E. MRI for pelvic floor dysfunction: can the strain phase be eliminated? *Abdominal radiology (New York)*. Feb 2016;41(2):215-220.
3. Francesca M, Najwa AA, Valeria B, et al. Prospective Comparison between two different magnetic resonance defecography techniques for evaluating pelvic floor disorders: air-balloon versus gel for rectal filling. *European radiology*. Oct 6 2015.
4. Li M, Jiang T, Peng P, Yang XQ, Wang WC. Association of compartment defects in anorectal and pelvic floor dysfunction with female outlet obstruction constipation (OOC) by dynamic MR defecography. *European review for medical and pharmacological sciences*. Apr 2015;19(8):1407-1415.
5. Saraidaridis JT, Molina G, Savit LR, et al. Pudendal nerve terminal motor latency testing does not provide useful information in guiding therapy for fecal incontinence. *Int J Colorectal Dis*. Mar 2018;33(3):305-310.
6. Tankisi H, Pugdahl K, Rasmussen MM, et al. Pelvic floor electrophysiology in spinal cord injury. *Clinical neurophysiology : official journal of the International Federation of Clinical Neurophysiology*. Jan 23 2016.
7. Thapar RB, Patankar RV, Kamat RD, Thapar RR, Chemburkar V. MR defecography for obstructed defecation syndrome. *Indian J Radiol Imaging*. Jan-Mar 2015;25(1):25-30.
8. UpToDate.com. Fecal Incontinence in Adults: Etiology and Evaluation. 09/06/2017, 08/10/2016, 11/17/2014.
9. UpToDate.com. Overview of rectal procidentia (rectal prolapse). 03/02/2017, 06/03/2015.
10. UpToDate.com. Delayed surgical management of the disrupted anal sphincter. 06/09/2017.



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## 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](mailto: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 nilínígíí Blue Cross Blue Shield of Arizona haada yit'éego bina'idíłkídkgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yina'idíłkídkgo beehaz'áanii hółq díí t'áa hazaadk'ehjí háká a'doowolgo bee haz'ą doo baqah ilínígóó. Ata' halne'ígíí kojí' bich'í' hodíłnih 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 thêm 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 لدى شخص تساعد أسئلة بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 877-475-4799.

