PATIENT HISTORY WORKUP – Sacral Nerve Stimulation/Incontinence Procedure

Patient: _____	*Insurance Plan* _____
Patient D.O.B: ____/____/_____	*Member name*_____
*Member ID:*_____	*Group #*_____

Patient Diagnosis (ICD-10)	**Must check @ least 1**
Urge Incontience (N39.41)	Feeling of Incomplete Bladder Emptying (R39.14)
Frequency of Micturition (R35.0)	Other Retention of Urine(R33.8)
Retention of Urine (R33.0 - R33.9)	Full Incontinence of Feces(R15.9)

CLINICAL NECESSITY REQUIREMENTS

A TEST STIMULATION IS MEDICALLY NECESSARY FOR PATIENTS WHO MEET CRITERA #1-3

1. The member has experienced urge UI or symptoms of urge frequency for at least 12 months

2. The condition has resulted in significant disability (the frequency and/or severity of symptoms are limiting the member's ability to participate in daily activities) **YES**_____ **NO**_____

If so explain:

3. Failed at least **2 different anti-cholinergic drugs** (or a combination of an anti-cholinergic and a tricyclic anti-depressant) as well as behavioral treatments (e.g., pelvic floor exercise, biofeedback, timed voids, and fluid management).

4. Test stimulation provides at least **50 %** decrease in symptom

Medications Tried and Failed (check all that apply)	**Must check @ least 2**
Myrbetriq	DDAVP
Detrol LA	Vesicare
Tofranil	Cardura
Flomax	Ditropan XL
Enablex	Sanctura
Toviaz	Oybutynin
Tricyclic antidepressant	Other

Results and reasons for discontinuing medications:

Conservative Therapies tried and failed (check all that apply):	**Must check @ least 1**
Kegel	Timed voids
Diet modification	Bladder retraining
Biofeedback	Self-catheterizations
Pelvic muscle exercises	Other
Fluid management	

Results of treatments/procedures and reasons discontinued:

VOIDING DIARY RESULTS: PRE AND POST NERVE EVALUATION/TEST Please see #4

# of daytime voids (daily) Pre: Post:	**# of pads used/24-hours** Pre: Post:
# of nighttime voids (nightly) Pre: Post:	**# of leaks/24-hours** Pre: Post:
Test Stimulation Results:	**Percent Improvement in symptoms:**
Physician Signature:	**Date:**