Policy Number	**MED201.029**
Policy Effective Date	**5/7/2026**

Transanal Radiofrequency Treatment of Fecal Incontinence

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Related Policies (if applicable)
None

Disclaimer

Carefully check state regulations and/or the member contract.
Each benefit plan, summary plan description or contract defines which services are covered, which services are excluded, and which services are subject to dollar caps or other limitations, conditions or exclusions. Members and their providers have the responsibility for consulting the member's benefit plan, summary plan description or contract to determine if there are any exclusions or other benefit limitations applicable to this service or supply. **If there is a discrepancy between a Medical Policy and a member's benefit plan, summary plan description or contract, the benefit plan, summary plan description or contract will govern.**

Coverage

Transanal radiofrequency therapy **is considered experimental, investigational and/or unproven** as a treatment of fecal incontinence.

Policy Guidelines

There is no specific CPT code for this procedure. It may be reported with the unlisted code 46999.

Description

Radiofrequency energy has been investigated as a minimally invasive treatment of fecal incontinence, in a procedure referred to as the Secca procedure. In this outpatient procedure using conscious sedation, RF energy is delivered to the sphincteric complex of the anal canal to create discrete thermal lesions. Over several months, these lesions heal and the tissue contracts, changing the tone of the tissue and improving continence.

Fecal Incontinence

Fecal incontinence is the involuntary leakage of stool from the rectum and anal canal. Fecal continence depends on a complex interplay of anal sphincter function, pelvic floor function, stool transit time, rectal capacity, and sensation. Etiologies vary and include injury from vaginal delivery, anal surgery, neurologic disease, and the normal aging process. Estimated prevalence is 8% of the adult population.

Treatment

Medical management includes dietary measures, such as the addition of bulk-producing agents to the diet and elimination of foods associated with diarrhea; antidiarrheal drugs for mild incontinence; bowel management programs, commonly used in patients with spinal cord injuries; and biofeedback. Surgical approaches primarily include sphincteroplasty, although more novel approaches, such as sacral neuromodulation or creation of an artificial anal sphincter, may be attempted in patients whose only other treatment option is the creation of a stoma. RF energy also has been investigated as a minimally invasive treatment of fecal incontinence, a procedure referred to as the Secca procedure. In this outpatient procedure using conscious sedation, RF energy is delivered to the sphincteric complex of the anal canal to create discrete thermal lesions. Over several months, these lesions heal and the tissue contracts, changing the tone of the tissue and potentially improving continence.

RF energy is a surgical tool that has been used for tissue ablation and more recently for tissue remodeling. For example, RF energy has been investigated as a treatment for gastroesophageal reflux disease (i.e., the Stretta procedure), in which RF lesions are designed to alter the biomechanics of the lower esophageal sphincter; in orthopedic procedures to remodel the joint capsule; or in an intradiscal electrothermal annuloplasty procedure, in which the treatment is intended in part to modify and strengthen the disc annulus. In all these procedures, non-ablative levels of RF thermal energy are used to alter collagen fibrils, which results in a healing response characterized by fibrosis. Recently, RF energy has been explored as a minimally invasive treatment option for fecal incontinence.

Regulatory Status

In 2002, the Secca® System (Mederi Therapeutics) was cleared for marketing by the U.S. Food and Drug Administration through the 510(k) process for “general use in the

electrosurgical coagulation of tissue and is intended for use specifically in the treatment of fecal incontinence in those patients with incontinence to solid or liquid stool at least once per week and who have failed more conservative therapy." (1) FDA product code: GEI.

Rationale

This policy is based on a review of relevant professional association recommendations.

National Institute for Health and Care Excellence
The National Institute for Health and Care Excellence issued guidance on RF treatment for fecal incontinence in 2011. (2) NICE concluded that "evidence on endoscopic radiofrequency therapy of the anal sphincter for [fecal] incontinence raises no major safety concerns. There is evidence of efficacy in the short term but in a limited number of patients. Further research into endoscopic radiofrequency therapy of the anal sphincter for [fecal] incontinence should clearly define the patient groups being treated. It should also report the clinical impact in terms of quality of life and long-term outcomes."

In 2016, NICE published a Medtech innovation briefing on the Secca system for fecal incontinence. (3) These briefings aim to aid in the decision-making process by describing the technology, its role in the treatment pathway, the relevant published evidence, and cost information. These briefings do not contain recommendations. The briefing noted that "Secca therapy is a minimally invasive treatment option available for people with incontinence of solid or liquid stool at least once a week, in whom conservative management options have not controlled symptoms."

American Society of Colon and Rectal Surgeons
The American Society of Colon and Rectal Surgeons, in its 2015 clinical practice guidelines (updated in 2023), noted: "Application of temperature-controlled radiofrequency energy to the sphincter complex is not recommended to treat fecal incontinence." (Conditional strength; quality of evidence very low). (4) The guidelines also state: "The evidence supporting this approach for the management of FI [fecal incontinence] is relatively sparse and has relevant limitations…No new studies evaluating this modality have been published since 2014."

American College of Gastroenterology
In a clinical guideline on the management of benign anorectal disorders (2021), the American College of Gastroenterology (ACG), determined that in spite of initial positive studies on the Secca procedure, more recent reports suggest poor long-term results. (5)

Coding

Procedure codes on Medical Policy documents are included **only** as a general reference tool for each policy. **They may not be all-inclusive.**
The presence or absence of procedure, service, supply, or device codes in a Medical Policy document has no relevance for determination of benefit coverage for members or reimbursement for providers. **Only the written coverage position in a Medical Policy should be used for such determinations.**

Benefit coverage determinations based on written Medical Policy coverage positions must include review of the member's benefit contract or Summary Plan Description (SPD) for defined coverage vs. non-coverage, benefit exclusions, and benefit limitations such as dollar or duration caps.

CPT Codes	46999
HCPCS Codes	None

*Current Procedural Terminology (CPT®) ©2025 American Medical Association: Chicago, IL.

References

1. Food and Drug Administration. Attachment 14: 510(k) Summary. Curon Medical, Inc.'s Secca™ System (K014216). 2002. Available at accessdata.fda.gov (accessed November 20, 2025).
2. National Institute for Health and Care Excellence. Endoscopic radiofrequency therapy of the anal sphincter for faecal incontinence [IPG393]. 2011. Available at nice.org.uk (accessed November 20, 2025).
3. National Institute for Health and Care Excellence. Secca System for faecal incontinence [MIB66]. 2016. Available at nice.org.uk (accessed November 20, 2025).
4. Bordeianou LG, Thorsen AJ, Keller DS, et al. The American Society of Colon and Rectal Surgeons' clinical practice guideline for the treatment of fecal incontinence. Dis Colon Rectum. May 2023; 66:5:647-661. Available at ascrsu.com (accessed November 20, 2025).
5. Wald A, Bharucha AE, Limketkai B, et al. ACG Clinical Guidelines: Management of Benign Anorectal Disorders. Am J Gastroenterol. 2021; 116(10):1987-2008. PMID 34618700

Centers for Medicare and Medicaid Services

The information contained in this section is for informational purposes only. HCSC makes no representation as to the accuracy of this information. It is not to be used for claims adjudication for HCSC Plans.

The Centers for Medicare and Medicaid Services does not have a national Medicare coverage position. Coverage may be subject to local carrier discretion.

A national coverage position for Medicare may have been developed since this medical policy document was written. See Medicare's National Coverage at cms.hhs.gov.

Policy History/Revision

Date	Description of Change
5/7/2026	New medical document. Transanal radiofrequency therapy is considered experimental, investigational and/or unproven as a treatment of fecal incontinence.