MEDICAL POLICY – 7.01.579
Posterior Tibial Nerve Stimulators

Ref. Policy: MP-129

Effective Date: Jan. 1, 2020
Last Revised: Aug. 13, 2019
Replaces: N/A

RELATED MEDICAL POLICIES:
2.01.540 Biofeedback for Incontinence

Select a hyperlink below to be directed to that section.

POLICY CRITERIA | CODING | RELATED INFORMATION
EVIDENCE REVIEW | REFERENCES | HISTORY

∞ Clicking this icon returns you to the hyperlinks menu above.

Introduction

Urinary incontinence is the involuntary leakage of urine. Types of urinary incontinence include stress incontinence, urge incontinence, overflow incontinence, or mixed incontinence. Posterior tibial nerve stimulation (PTNS) is a minimally invasive way to treat urinary incontinence and overactive bladder. It uses a small, thin needle inserted near the ankle and electrical pulses to retrain the nerves that control bladder function. This policy describes when posterior tibial nerve stimulators (PTNS) may be considered medically necessary.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Policy Coverage Criteria

<table>
<thead>
<tr>
<th>Device</th>
<th>Medical Necessity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Posterior tibial nerve stimulators (PTNS)</td>
<td>Posterior tibial nerve stimulators (PTNS) for treatment of urinary incontinence may be considered medically necessary</td>
</tr>
</tbody>
</table>
Device | Medical Necessity
---|---

for the treatment of adult urinary incontinence when ALL of
the following indications and criteria are met:

- Patient has previously been diagnosed with overactive bladder
  (OAB) and/or urinary incontinence
- Documented failed conservative management efforts (e.g.,
  pharmacological treatment, PME, behavioral, etc.), including
  two anticholinergic drugs taken for at least four weeks
- Patient is at least 18 years of age

**Note:** See Related Information below for Limitations

### Coding

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT</td>
<td></td>
</tr>
<tr>
<td>64566</td>
<td>Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming</td>
</tr>
</tbody>
</table>

**Icd-10 Codes Covered if Selection Criteria are Met**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>N39.41</td>
<td>Urge incontinence</td>
</tr>
<tr>
<td>N39.42</td>
<td>Incontinence without sensory awareness</td>
</tr>
<tr>
<td>N39.44</td>
<td>Nocturnal enuresis</td>
</tr>
<tr>
<td>N39.45</td>
<td>Continuous leakage</td>
</tr>
<tr>
<td>N39.46</td>
<td>Mixed incontinence</td>
</tr>
<tr>
<td>N39.490</td>
<td>Overflow incontinence</td>
</tr>
<tr>
<td>N39.498</td>
<td>Other specified urinary incontinence</td>
</tr>
<tr>
<td>R32</td>
<td>Unspecified urinary incontinence</td>
</tr>
<tr>
<td>R39.15</td>
<td>Urgency of urination</td>
</tr>
</tbody>
</table>

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Related Information

Limitations

- Initial treatment is limited to 30 minute sessions once a week for 12 weeks.
- The patient must have documented evidence of at least 50% improvement in incontinence symptoms after the initial 12 sessions for continued coverage.
  - Continued treatment is covered for 1 session every 1-2 months for no more than 3 years.

Stress and neurogenic incontinence would not be expected to improve with PTNS.

Evidence Review

Background

It is estimated that over 25 million adult Americans suffer from urinary incontinence, with women being twice as likely as men to have urinary incontinence. The Mayo Clinic categorizes urinary incontinence into the following types: stress, urge, overflow, functional, and mixed.

Posterior tibial nerve stimulation (PTNS), a minimally invasive procedure, consists of insertion of an acupuncture needle above the medial malleolus into a superficial branch of the posterior tibial nerve. An adjustable low voltage electrical impulse (10mA, 1-10 Hz frequency) travels via the posterior tibial nerve to the sacral nerve plexus to alter pelvic floor function by neuromodulation. PTNS is used to treat overactive bladder syndrome and associated symptoms.

References


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**History**

<table>
<thead>
<tr>
<th>Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/16/19</td>
<td>New policy, approved August 13, 2019, effective January 1, 2020. Posterior tibial nerve stimulators (PTNS) for treatment of urinary incontinence may be considered medically necessary for the treatment of adult urinary incontinence when all indications and criteria are met.</td>
</tr>
</tbody>
</table>
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Scope: Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy only applies to Individual Plans.
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Email AppealsDepartmentInquiries@Premera.com

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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, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

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