

# MedStar Health, Inc.

## POLICY AND PROCEDURE MANUAL

Policy Number: MP.129.MH  
Last Review Date: 11/08/2018  
Effective Date: 02/01/2019

### MP.129.MH – Posterior Tibial Nerve Stimulators

This policy applies to the following lines of business:

- ✓ MedStar Employee (Select)
- ✓ MedStar CareFirst PPO

MedStar Health considers the use of **Posterior Tibial Nerve Stimulators (PTNS) for Treatment of Urinary Incontinence** medically necessary for the treatment of adult urinary incontinence when all of the following indications and criteria are met:

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

#### Limitations

- Initial treatment is limited to 30 minute sessions once a week for 12 weeks.
- The member 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 2 years.

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

#### 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

## MP.129.MH – Posterior Tibial Nerve Stimulators (PTNS)

Policy Number: MP.129.MH  
Last Review Date: 11/08/2018  
Effective Date: 02/01/2019

frequency) travels via the posterior tibial nerve to the sacral nerve plexus to alter pelvic floor function by neuromodulation. PTNS is used to treat OAB syndrome and associated symptoms.

### Codes:

CPT Codes / HCPCS Codes / ICD-10 Codes	
Code	Description
CPT Codes	
64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programing
ICD-10 codes covered if selection criteria are met:	
N39.41	Urge incontinence
N39.42	Incontinence without sensory awareness
N39.44	Nocturnal enuresis
N39.45	Continuous leakage
N39.46	Mixed incontinence
N39.490	Overflow incontinence
N39.498	Other specified urinary incontinence
R32	Unspecified urinary incontinence
R39.15	Urgency of urination

### References

1. Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD). LCD No. L34296 - Surgery: Posterior Tibial Nerve Stimulation (PTNS) for Urinary Control. (Contractor: Cahaba Government Benefit Administrators, LCC.) RETIRED: 01/29/2018. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=34296&ver=10&Date=&DocID=L34296+&bc=iAAAABAAAAAA&>
2. Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD). LCD L35011. Surgery: Posterior Tibial Nerve Stimulation (PTNS) for Urinary Control. Revision Effective Date: 01/12/2017. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=35011&ver=10&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA%7cCAL%7cNCD%7cMEDCAC%7cTA%7cMCD&Artic>

## MP.129.MH – Posterior Tibial Nerve Stimulators (PTNS)

Policy Number: MP.129.MH

Last Review Date: 11/08/2018

Effective Date: 02/01/2019

- [leType=SAD%7cEd&PolicyType=Both&s=All&Keyword=Posterior+Tibial&KeyWordLookUp=Title&KeywordSearchType=Exact&kq=true&bc=IAAAACAAAA&](#)
3. Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD). LCD L34436. Posterior Tibial Nerve Stimulation (PTNS). Revision Effective Date: 04/01/2018. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=34436&ver=14&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA%7cCAL%7cNCD%7cMEDCAC%7cTA%7cMCD&ArticleType=SAD%7cEd&PolicyType=Both&s=All&Keyword=Posterior+Tibial&KeyWordLookUp=Title&KeywordSearchType=Exact&kq=true&bc=IAAAACAAAA&>
  4. Department of Health and Human Services. Agency for Healthcare Research and Quality. (AHRQ). National Guideline Clearinghouse (NGC). Diagnosis and treatment of overactive bladder (non-neurogenic) in adults: AUA/SUFU guideline.. [American Urological Asscoation/Society of Urodynamics, Female Pelvic Medicine & Urogenital Reconstruction]. NGC #9099. Last Updated: June 4, 2012. <http://www.guideline.gov/content.aspx?id=36910&search=ptns>
  5. Department of Health and Human Services. Agency for Healthcare Research and Quality. (AHRQ). Effective Health Care Program. Non-surgical Treatments for Urinary Incontinence: A Review of the Research for Women. AHRQ Pub. No 11(12)-EHC074-A. April 2012. Available at: <http://www.effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productID=1030>
  6. [Hayes Medical Technology Directory. Percutaneous Tibial Nerve Stimulation for the Treatment of Lower Urinary Tract Dysfunction. Publication date December 9, 2014.](#)
  7. Mayo Clinic Staff, Urinary incontinence. Mayo Clinic; Last revised: Aug. 7, 2014. Available from: <http://www.mayoclinic.org/diseases-conditions/urinary-incontinence/basics/causes/con-20037883?p=1>
  8. National Institute for Health and Clinical Excellence (NICE), Clinical Guideline (CG). Urinary Incontinence: The management of urinary incontinence in women. CG171. Issued: September 2013. Available from: <http://publications.nice.org.uk/urinary-incontinence-cg171/introduction>
  9. Peters, K., et al. 12 week results from the SUmIT Trial: percutaneous tibial nerve stimulation vs validated sham in those exposed to pharmacologic therapy. **Poster, 2010 International Continence Society, Toronto, Canada.** Available from: <https://www.uroplasty.com/common/data/view/161>

### Disclaimer:

MedStar Health medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of

## **MP.129.MH – Posterior Tibial Nerve Stimulators (PTNS)**

Policy Number: MP.129.MH  
Last Review Date: 11/08/2018  
Effective Date: 02/01/2019

medicine. The policies constitute only the reimbursement and coverage guidelines of MedStar Health and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

MedStar Health reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

These policies are the proprietary information of Evolent Health. Any sale, copying, or dissemination of said policies is prohibited.