

# Posterior Tibial Nerve Stimulators

Policy Number: MP-129

Last Review Date: 11/14/2019

Effective Date: 01/01/2020

## Policy

Evolent 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 3 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 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
<b>CPT Codes</b>	

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64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programing
<b>ICD-10 codes covered if selection criteria are met:</b>	
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

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- 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>

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