



Policy Number: MP.129.MPC  
Last Review Date: 11/17/2022  
Effective Date: 12/01/2022

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

Maryland Physicians Care 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:

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| CPT Codes / HCPCS Codes / ICD-10 Codes |
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| Code   | Description   |
|--|---|
| <b>CPT Codes</b>   |   |
| 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

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: Novitas Solutions, Inc..) Effective: 11/14/2019. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=35011&ver=23&Date=&DocID=L35011&bc=hAAAAAgAAAA&A&>
2. Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD). LCD L33443. Posterior Tibial Nerve Stimulation (PTNS). -Effective Date: 10/24/2019. [https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33443&ver=29&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA%7cCAL%7cNCD%7cMEDCAC%7cTA%7cMCD&ArticleType=BC%7cSAD%7cRTC%7cReq&PolicyType=Both&s=All&Keyword=Posterior+Tibial+Nerve+Stimulation+\(PTNS\)&KeywordLookUp=Doc&KeywordSearchType=Exact&kq=true&bc=EAAAABAAAA&](https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33443&ver=29&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA%7cCAL%7cNCD%7cMEDCAC%7cTA%7cMCD&ArticleType=BC%7cSAD%7cRTC%7cReq&PolicyType=Both&s=All&Keyword=Posterior+Tibial+Nerve+Stimulation+(PTNS)&KeywordLookUp=Doc&KeywordSearchType=Exact&kq=true&bc=EAAAABAAAA&)
3. 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,

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Female Pelvic Medicine & Urogenital Reconstruction]. NGC #9099. Last Updated: June 4, 2012.

<http://www.guideline.gov/content.aspx?id=36910&search=ptns>

4. Department of Health and Human Services. Agency for Healthcare Research and Quality. (AHRQ). Effective Health Care Program. Non-surgical Treatments for Urinary Incontinence in Adult Women: A Systematic Review Update. Research Protocol: Jun 7, 2017. Systematic Review: Aug 8, 2018. <https://effectivehealthcare.ahrq.gov/products/urinary-incontinence-update/research-protocol>
5. Hayes Health Technology Assessment. Percutaneous Tibial Nerve Stimulation for the Treatment of Lower Urinary Tract Dysfunction. Publication Date: April 15, 2019. Annual Review Date: April 1, 2022.
6. Mayo Clinic Staff, Urinary incontinence. Mayo Clinic; Last revised: Aug. 7, 2014. <http://www.mayoclinic.org/diseases-conditions/urinary-incontinence/basics/causes/con-20037883?p=1>
7. National Institute for Health and Clinical Excellence (NICE), Clinical Guideline (CG). Urinary Incontinence: The management of urinary incontinence in women. CG171. Issued: April 2019. Updated: June. <https://www.nice.org.uk/guidance/ng123>
8. 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. <https://www.ics.org/Abstracts/Publish/105/000125.pdf>

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