



Policy Number: EVH\_MP\_2528.MPC  
Last Review Date: 05/21/2026  
Effective Date: 06/01/2026

## EVH\_MP\_2528.MPC Posterior Tibial Nerve Stimulators

Maryland Physicians Care considers the use of **Posterior Tibial Nerve Stimulators (PTNS)** for Treatment of Overactive Bladder and/or Urinary Incontinence medically necessary for the treatment of adult urinary incontinence when all of the following indications and criteria are met <sup>(1)</sup>:

- Member has previously been diagnosed with idiopathic overactive bladder (OAB) and/or urinary incontinence <sup>(2)</sup>
- Documented failed conservative management efforts (e.g., pharmacological treatment, PME, behavioral, etc.)
- 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-related and neurogenic incontinence would not be expected to improve with PTNS and are therefore NOT indications for PTNS

### Codes

CPT Codes / HCPCS Codes / ICD-10 Codes	
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



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N39.498	Other specified urinary incontinence
R32	Unspecified urinary incontinence
R39.15	Urgency of urination

## Policy History

Date	Summary
May 21, 2026	<ul style="list-style-type: none"><li>• This guideline replaces MP.129.MPC Posterior Tibial Nerve Stimulators</li><li>• Annual Review – Formatting/punctuation updates throughout; updated last bullet under Indications</li></ul>

## References

1. Cameron AP, Chung DE, Dielubanza EJ, et al. The AUA/SUFU Guideline on the Diagnosis and Treatment of Idiopathic Overactive Bladder. *Journal of Urology*. 2024;212(1):11-20. doi:10.1097/JU.0000000000003985. <https://pubmed.ncbi.nlm.nih.gov/38651651/>
2. Lukacz ES. Urgency urinary incontinence/overactive bladder (OAB) in females: Treatment. *UpToDate*. Published online March 19, 2025. <https://www.uptodate.com/contents/urgency-urinary-incontinence-overactive-bladder-oab-in-females-treatment>

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