Medical CrossCoder Policy Report

CARRIER:
Palmetto GBA

REVISION EFFECT DATE:
2/26/2018

LCD TITLE:
Posterior Tibial Nerve Stimulation (PTNS) for Urinary Control

ORIGINAL EFFECT DATE:
10/1/2015

STATE:
South Carolina

VERSION:
17

STATUS:
Status A

LCD ID:
33443

RETIRE DATE:

INDICATION AND LIMITATIONS OF COVERAGE AND/OR MEDICAL NECESSITY:

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. Treatment regimens consist of 30-minute weekly sessions for 12 weeks. Studies demonstrate that PTNS is safe with statistically significant improvements in patient assessment of overactive bladder (OAB) symptoms (frequency, nocturia, urgency and urge incontinence) and may be considered a clinically significant alternative to pharmacotherapy.
Patients with the improved OAB symptoms of frequency, nocturia, urgency, voided volume and urge incontinence episodes, after the initial 12 sessions, will be allowed at a frequency of 1 treatment every 1-2 months when medical necessity is supported by documentation in the medical record for a maximum of 3 years. The maximum lifetime number of sessions will be 45 total. Subsequent treatments will not be covered.

CPT/HCPCS CODES:

64566

ICD CODES THAT SUPPORT MEDICAL NECESSITY:

N39.41, N39.46, N39.492, N39.498, R32, R35.0, R39.15

ASSOCIATED INFORMATION:

Documentation RequirementThe medical record must indicate the patient has the cognitive ability to navigate to appropriate facilities for voiding. Utilization GuidelinesThe medical record must document at least one of the following criteria:Patient failed treatment with two anticholinergic drugs, each taken for at least 4 weeks duration, prior to the PTNS therapy initiation,Patient intolerance to anticholinergic drug therapy. To validate intolerance, the medical record must document the specific medical management used to address dry mouth and constipation, the most common side effects of this therapy.There is no evidence to support continued PTNS therapy after two years of treatment at this time.