

Local Coverage Article: Billing and Coding: Posterior Tibial Nerve Stimulation Coverage (A55104)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	01111 - MAC A	01111 - MAC A	J - E	California - Entire State
Noridian Healthcare Solutions, LLC	01112 - MAC B	01112 - MAC B	J - E	California - Northern
Noridian Healthcare Solutions, LLC	01182 - MAC B	01182 - MAC B	J - E	California - Southern
Noridian Healthcare Solutions, LLC	01211 - MAC A	01211 - MAC A	J - E	American Samoa Guam Hawaii Northern Mariana Islands
Noridian Healthcare Solutions, LLC	01212 - MAC B	01212 - MAC B	J - E	American Samoa Guam Hawaii Northern Mariana Islands
Noridian Healthcare Solutions, LLC	01311 - MAC A	01311 - MAC A	J - E	Nevada
Noridian Healthcare Solutions, LLC	01312 - MAC B	01312 - MAC B	J - E	Nevada
Noridian Healthcare Solutions, LLC	01911 - MAC A	01911 - MAC A	J - E	American Samoa California - Entire State Guam

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
				Hawaii Nevada Northern Mariana Islands

Article Information

General Information

Article ID

A55104

Original Effective Date

07/01/2016

Article Title

Billing and Coding: Posterior Tibial Nerve Stimulation Coverage

Revision Effective Date

07/01/2016

Article Type

Billing and Coding

Revision Ending Date

N/A

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Retirement Date

N/A

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CMS National Coverage Policy

N/A

Article Guidance

Article Text:

Posterior Tibial Nerve Stimulation (PTNS) is a minimally invasive neuromodulation system designed to deliver retrograde electrical stimulation to the sacral nerve plexus through percutaneous electrical stimulation of the posterior tibial nerve. Noridian has determined that PTNS will be covered for treatment of urinary urgency, urinary frequency, and urge incontinence. This article **does not** address the following NCD: [CMS Internet Only Manual \(IOM\) Medicare National Coverage Determination \(NCD\) Manual, Publication 100-03, Section 230.16 Bladder Stimulators \(Pacemakers\)](#). Noridian covers Sacral Nerve Stimulation with restrictions in a separate coverage article.

PTNS Procedure Description

The posterior tibial nerve contains mixed sensory motor nerve fibers that originate from L4 through S3, which modulate the innervation to the bladder, urinary sphincter and pelvic floor. The specific mechanism of action of neuromodulation is unclear, although theories include improved blood flow and change in neurochemical balance along the neurons. Neuromodulation may have a direct effect on the detrusor or a central effect on the micturition centers of the brain.

Using a battery-powered, handheld stimulator and a 34-gauge needle electrode, one can access and stimulate the tibial nerve. Patients receive one 30-minute weekly treatment in the office for 12 weeks. Patients treated with PTNS may begin to see changes in their voiding patterns after four to six treatments, with nocturia and urge incontinence decreases usually reported first. Patients who respond to the treatment require additional therapy at individually-defined treatment intervals for sustained relief of symptoms.

Coverage Guidelines

Consistent with Noridian, manufacturer instructions, and existing literature descriptions of appropriate clinical usage, Noridian expects this treatment to be (generally) delivered in an office setting (Place of Service 11) and that the standard treatment regimen will consist of one 30-minute sessions given once weekly for 12 weeks.

Coverage for initial therapy must document failed standard anticholinergic drug therapy or that the patient demonstrates intolerance to the anticholinergic drug therapy despite best attempts at management of the most common side effects of such therapy, such as dry mouth and constipation.

Coverage for maintenance therapy on an every-three-weeks basis can be extended for a longer time to patients who demonstrate significant improvement in overactive bladder (OAB) symptoms during **and** at the end of the standard

12-week course of therapy. Documentation must support the initial improvement and the need for the additional treatments.

Bill no more than three Evaluation and Management (E&M) services during any initial course of PTNS treatment:

1. On the initial visit;
2. At the 5th or 6th visit to assess progress; and
3. At the end of the initial 12-week course of therapy.

The patient's medical record must contain adequate documentation identifying the CPT[®] and ICD-10-CM coding, and the need for and level of these visits. Noridian reminds the provider community that this coverage decision may be modified or terminated depending upon future literature or clinical experience and usage.

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

Covered CPT/HCPCS Codes:

Group 1 Codes:

CODE	DESCRIPTION
64566	POSTERIOR TIBIAL NEUROSTIMULATION, PERCUTANEOUS NEEDLE ELECTRODE, SINGLE TREATMENT, INCLUDES PROGRAMMING

CPT/HCPCS Modifiers

N/A

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:

Use of ICD-10-CM code R35.0 requires that documentation also show that potential causes of the frequency not amenable to PTNS therapy have been clinically ruled out.

The only reimbursable ICD-10-CM diagnosis codes are:

Group 1 Codes:

ICD-10 CODE	DESCRIPTION
N30.10	Interstitial cystitis (chronic) without hematuria
N30.11	Interstitial cystitis (chronic) with hematuria
N39.41	Urge incontinence
N39.42	Incontinence without sensory awareness
N39.46	Mixed incontinence
N39.490	Overflow incontinence

ICD-10 CODE	DESCRIPTION
N39.498	Other specified urinary incontinence
R32	Unspecified urinary incontinence
R33.0	Drug induced retention of urine
R33.8	Other retention of urine
R33.9	Retention of urine, unspecified
R35.0	Frequency of micturition
R39.14	Feeling of incomplete bladder emptying
R39.15	Urgency of urination

ICD-10 Codes that DO NOT Support Medical Necessity

N/A

Additional ICD-10 Information

N/A

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

CODE	DESCRIPTION
999x	Not Applicable

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the article, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the article should be assumed to apply equally to all Revenue Codes.

N/A

Other Coding Information

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
07/01/2016	R2	Remove this rev history when next approved. MCD bug and the wrong rev history (V9) recorded. This revision deletes the wrong rev history recorded that did not apply to this article.
07/01/2016	R1	R1 Removed "for up to two years" and added "during and" in the Coverage of maintenance...paragraph to clarify this type of therapy

Associated Documents

Related Local Coverage Document(s)

N/A

Related National Coverage Document(s)

N/A

Statutory Requirements URL(s)

N/A

Rules and Regulations URL(s)

N/A

CMS Manual Explanations URL(s)

N/A

Other URL(s)

N/A

Public Version(s)

[Updated on 08/04/16 with effective dates 07/01/2016 - N/A](#)

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Keywords

- 64566
- posterior
- tibial
- nerve
- neurostimulator
- stimulator
- PTNS