

Local Coverage Article: 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 | A and B MAC | 01111 - MAC A | J - E | California - Entire State |
| Noridian Healthcare Solutions, LLC | A and B MAC | 01112 - MAC B | J - E | California - Northern |
| Noridian Healthcare Solutions, LLC | A and B MAC | 01182 - MAC B | J - E | California - Southern American Samoa |
| Noridian Healthcare Solutions, LLC | A and B MAC | 01211 - MAC A | J - E | Guam Hawaii Northern Mariana Islands American Samoa |
| Noridian Healthcare Solutions, LLC | A and B MAC | 01212 - MAC B | J - E | Guam Hawaii Northern Mariana Islands |
| Noridian Healthcare Solutions, LLC | A and B MAC | 01311 - MAC A | J - E | Nevada |
| Noridian Healthcare Solutions, LLC | A and B MAC | 01312 - MAC B | J - E | Nevada American Samoa California - Entire State |
| Noridian Healthcare Solutions, LLC | A and B MAC | 01911 - MAC A | J - E | Guam Hawaii Nevada Northern Mariana Islands |

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Article Information

General Information

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| Article ID A55104 | Original Article Effective Date 07/01/2016 |
| Article Title Posterior Tibial Nerve Stimulation Coverage | Revision Effective Date 07/01/2016 |
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| | Retirement Date N/A |

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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](#)

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 article does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the article should be assumed to apply equally to all claims.

Bill Type Code Bill Type 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.

NA

N/A

CPT/HCPCS Codes

Group 1 Paragraph:

Covered CPT/HCPCS Codes:

Group 1 Codes:

Group 1 CPT/HCPCS Code

Group 1 CPT/HCPCS Code Description

| | |
|-------|--|
| 64566 | POSTERIOR TIBIAL NEUROSTIMULATION, PERCUTANEOUS NEEDLE ELECTRODE, SINGLE TREATMENT, INCLUDES PROGRAMMING |
|-------|--|

ICD-10 Codes that are Covered

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 Codes that are covered Information Table

| 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 |
| 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 |

| Code | Description |
|--------|--|
| R35.0 | Frequency of micturition |
| R39.14 | Feeling of incomplete bladder emptying |
| R39.15 | Urgency of urination |

ICD-10 Codes that are Not Covered N/A

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Revision History Information

| Revision History Date | Revision History Number | Revision History Explanation |
|-----------------------|-------------------------|--|
| 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 |

[Back to Top](#) **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 08/04/2016 with effective dates 07/01/2016 - N/A [Updated on 06/03/2016 with effective dates 07/01/2016 - N/A](#) [Back to Top](#)

Keywords

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