

Policy Name:	Percutaneous Tibial Nerve Stimulation
Effective Date:	10/15/2018

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica plans. Please refer to the member’s plan document for specific coverage information. If there is a difference between this general information and the member’s plan document, the member’s plan document will be used to determine coverage. With respect to Medicare and Minnesota Health Care Programs, this policy will apply unless those programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Medica coverage policy may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care and treatment.

Coverage Policy

Percutaneous tibial nerve stimulation is COVERED for the treatment of overactive bladder in individuals 18 years of age and older.

Percutaneous tibial nerve stimulation is investigative and therefore NOT COVERED for all other indications, including but not limited to, neurogenic bladder, fecal incontinence, constipation, chronic pelvic pain, and use in individuals less than 18 years of age.

Description

Percutaneous (or posterior) tibial nerve stimulation (PTNS), also referred to as percutaneous tibial neuromodulation, is a minimally invasive, office-based treatment for overactive bladder in patients who have failed behavioral and/or pharmacologic therapies. Overactive bladder includes urinary frequency, urgency, incontinence, and nonobstructive retention. Altering the function of the posterior tibial nerve with PTNS is believed to improve voiding function and control. While the posterior tibial nerve is located near the ankle, it is derived from the lumbar-sacral nerves (L4-S3) which control the bladder detrusor and perineal floor. Therefore, researchers are also investigating the use of PTNS in other conditions, including but not limited to fecal incontinence, constipation and chronic pelvic pain.

PTNS consists of a battery powered, external pulse generator that delivers a low voltage electrical impulse using a needle electrode placed near the ankle as an entry point. The stimulator’s impulses travel along the tibial nerve to the nerves in the spine that control pelvic floor function. Treatment regimens vary but typically consist of 30 minute sessions given weekly for 10 to 12 weeks. However, the optimal treatment approach and duration remain undefined.

FDA Approval

In 2005, the FDA granted marketing approval for the Urgent® PC Neuromodulation System (Uroplasty, Inc., Minnetonka, MN) via the 510(k) process (K052025). In 2013, the NURO Neuromodulation System (Advanced Uro-Solutions, Inc., Elizabethton, TN) also received 510(k) clearance from the FDA (K132561). According to the FDA, both devices are intended to treat patients suffering from Overactive Bladder (OAB) and associated symptoms of urinary urgency, urinary frequency, and urge incontinence.

Prior Authorization

Prior authorization is not required. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

Coding Considerations

Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT Codes:

64566 – Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming

Original Effective Date Coverage Policy: 5/1/2010

Re-Review Date(s) Coverage Policy: 10/22/2012
2/1/2016
10/17/2017
8/15/2018

Original Effective Date UM Policy: 5/1/2013

Re-Review Date(s) UM Policy: 11/1/2013
11/1/2014
11/1/2015
11/1/2016

© 2010-2018 Medica. Medica® is a registered service mark of Medica Health Plans. “Medica” refers to the family of health services companies that includes Medica Health Plans, Medica Health Plans of Wisconsin, Medica Insurance Company, Medica Self-Insured, MMSI, Inc. d/b/a Medica Health Plan Solutions, Medica Health Management, LLC and the Medica Foundation.