Manual: IU Health Plans
Department: Utilization Management
Policy # MP066
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Health Plans

Medicare Advantage **X Commercial**

Posterior Tibial Nerve Stimulators Policy

I. Purpose

Indiana University Health Plans (IU Health Plans) considers clinical indications when making a medical necessity determination for Posterior Tibial Nerve Stimulators (PTNS).

II. Scope

This policy applies to all Utilization Management staff having decision-making responsibilities where authorization is required for Fully Insured commercial plan.

III. Exceptions/ Variations

1. Initial treatment is limited to 30 minutes sessions once a week for 12 weeks.
2. 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 2 years.
3. Stress and neurogenic incontinence would not be expected to improve with PTNS.

IV. Definitions

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. PTNS is used to treat Overactive Bladder (OAB) syndrome and associated symptoms.

V. Policy Statements

IU Health Plans considers Posterior Tibial Nerve Stimulators (PTNS) for Treatment of Urinary Incontinence medically necessary for the following indications:

1. Use of Posterior Tibial Nerve Stimulators is covered for the treatment of adult urinary incontinence when **all of the following** indications and criteria are met:
   a. Member has previously been diagnosed with overactive bladder (OAB) and/or urinary incontinence.

b. No neurologic condition present (i.e., multiple sclerosis, Parkinson's disease, spinal cord injury)
c. Documented failed conservative management efforts (e.g., pharmacologicaltreatment, and behavioral, etc.) including two anticholinergic medications.
d. Member is at least 18 years of age.

Codes:

Code	Description
CPT Codes	
64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programing
ICD-10 codes covered if selection criteria are met:	
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
N39.498	Other specified urinary incontinence
R32	Unspecified urinary incontinence
R39.15	Urgency of urination

VI. Procedures

None

VII. References/Citations

1. Agost-González, A., Escobio-Prieto, I., Pareja-Leal, A. M., Casuso-Holgado, M. J., Blanco-Diaz, M., & Albornoz-Cabello, M. (2021). Percutaneous versus Transcutaneous Electrical Stimulation of the Posterior Tibial Nerve in Idiopathic Overactive Bladder Syndrome with Urinary Incontinence in Adults: A Systematic Review. *Healthcare (Basel, Switzerland)*, *9*(7), 879. https://doi.org/10.3390/healthcare9070879
2. Bhide, A. A., Tailor, V., Fernando, R., Khullar, V., & Digesu, G. A.(2020). Posterior tibial nerve stimulation for overactive bladder-techniques and efficacy. *International urogynecology journal*, *31*(5), 865–870. https://doi.org/10.1007/s00192-019-04186-3
3. Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD) Posterior Tibial Nerve Stimulation for Voiding Dysfunction. L33396. Contractor National Government Services, Inc. Revision Effective Date 10/24/2019. LCD - Posterior Tibial Nerve Stimulation for Voiding Dysfunction (L33396) (cms.gov)

4. Zecca, C., Panicari, L., Disanto, G., Maino, P., Singh, A., Digesu, G. A., & Gobbi, C. (2016). Posterior tibial nerve stimulation in the management of lower urinary tract symptoms in patients with multiple sclerosis. *International urogynecology journal*, *27*(4), 521–527. https://doi.org/10.1007/s00192-015-2814-6

VIII. Forms/Appendices

None

IX. Responsibility

Medical Director