Posterior Tibial Nerve Stimulation

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Approved By:	Highmark Health Options – Market Leadership
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Products:	Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1 of 4

Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

POLICY STATEMENT

Highmark Health Options may provide coverage under medical surgical benefits of the Company's Medicaid products for medically necessary posterior tibial nerve stimulation.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

DEFINITIONS

Highmark Health Options (HHO) – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently services Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan Plus members.

Posterior or Percutaneous Tibial Nerve Stimulation (PTNS) – an indirect external technique for stimulating the sacral plexus. PTNS was developed as a less-invasive treatment alternative to traditional sacral neuromodulation, which has been successfully used in the treatment of urinary dysfunction but requires the implantation of a permanent device. PTNS, rather, is an office-based type of electrical neuromodulation that is used for treating voiding dysfunction in individuals who have failed behavioral and/or pharmacologic therapies. The principle behind PTNS is that stimulation of specific nerves of the pelvic floor through gentle electrical impulses can alter the activity of the bladder, disrupt the signals that lead to symptoms of urinary dysfunction and improve voiding function and control.

PROCEDURES

A prior authorization is not required.

PTNS may be considered medically necessary in individuals who meet the following criteria:

- Documented failure with treatment outcomes for each of the following: pelvic muscle retraining, bladder training, prompted voiding; and
- Documented Intolerance or contraindication to at least two anti-cholinergic drugs prior to the PTNS therapy initiation for the following conditions:
  - Overactive bladder; or
  - Urge incontinence; or
  - Frequency-urgency syndrome; or
  - Neurogenic bladder dysfunction.

This policy covers an initial treatment regimen of 30-minute weekly sessions for 12 weeks of PTNS for the treatment of overactive bladder (OAB) symptoms when there is documented failure, contraindication, or an intolerance to first and second line urological, medical management for the above covered conditions as stated in the policy.

More than 12 PTNS treatments are considered not medically necessary when there is no documentation of improvement of symptoms (50% reduction or greater) of urinary frequency, nocturia, and/or urinary urgency.

PTNS maintenance therapy that goes beyond the initial 12 sessions may be considered medically necessary for the treatment of urinary urgency, urinary frequency, and urge incontinence at a frequency of up to one (1) session every month for up to two (2) years when ALL the following criteria are met:

- There is documented completion and tolerance during the initial PTNS therapy (i.e., first 12 sessions of PTNS); and
- There is a documented improvement of the symptoms (50% reduction or greater) of urinary frequency, nocturia, and/or urinary urgency during the initial PTNS therapy.

PTNS is considered experimental/investigational and therefore, noncovered because the safety/and or effectiveness of this service cannot be established by the available published peer-reviewed literature for all other indications, including but not limited to fecal incontinence.

Post-payment Audit Statement

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Health Options at any time pursuant to the terms of your provider agreement.

Place of Service: Inpatient/Outpatient

Experimental/investigational (E/I) services are not covered regardless of place of service.

PTNS is typically an outpatient procedure which is only eligible for coverage as an inpatient procedure in special circumstances, including, but not limited to, the presence of a comorbid condition that would require monitoring in a more controlled environment such as the inpatient setting.

CODING REQUIREMENTS

CPT code	Description
64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming.

Covered Diagnosis Codes for procedure codes 64566

N31.0	N31.1	N31.2	N31.8	N31.9	N32.81	N39.41
N39.46	N39.492	N39.498	R32	R35.0	R35.81	R35.89
R39.15						

REIMBURSEMENT

Participating facilities will be reimbursed per their Highmark Health Options contract.

References

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POLICY UPDATE HISTORY

<Date>	<Event>