UnitedHealthcare®

Reimbursement Policy

Posterior Tibial Nerve Stimulation

Policy Number	POS03282012RP	Approved By	UnitedHealthcare Medicare Reimbursement Policy Committee	Current Approval Date	02/12/2014

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general resource regarding UnitedHealthcare's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee's benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

Table of Contents

Application **1**
Summary **2**
Overview 2
Indications 2
Reimbursement Guidelines 2
Documentation Guidelines 3
CPT / HCPCS Codes **3**
References Included (but not limited to): **3**
CMS LCD(s) 3
CMS Article(s) 3
UnitedHealthcare Medicare Advantage Coverage Summaries 3
UnitedHealthcare Medical Policies 3
History **3**

Application

This reimbursement policy applies to services reported using the Health Insurance Claim Form CMS-1500 or its electronic equivalent or its successor form, and services reported using facility claim form CMS-1450 or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians, and other health care professionals.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code

combinations prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis and subsequent medical review. The effective date of changes/additions/deletions to this policy is the committee meeting date unless otherwise indicated.

Summary

Overview

Percutaneous tibial nerve stimulation (PTNS) also referred to as posterior tibial nerve stimulation, is a technique of electrical neuromodulation for the treatment of voiding dysfunction in patients who have failed behavioral and /or pharmacologic therapies. This is the least invasive form of neuromodulation used to treat overactive bladder (OAB) and the associated symptoms of urinary urgency, urinary frequency and urge incontinence. Common causes of voiding dysfunction are pelvic floor dysfunction (e.g., from pregnancy, childbirth, surgery), inflammation, medication (e.g., diuretics and anti-cholinergics), obesity, psychogenic factors, and disease (e.g., multiple sclerosis, spinal cord injury, detrusor hyper-reflexia).

PTNS treatment consists of a series of short-term insertions of a percutaneous needle electrode for approximately 30 minutes, with intermittent neuromodulation while the needle electrode remains in place. The neurostimulator includes a lead set with surface electrodes and a needle electrode, which produces an adjustable electrical pulse that travels to the sacral nerve plexus via the tibial nerve. The sacral nerve plexus then regulates the bladder and the pelvic floor functionality.

Note: Stimulation of the sacral nerve as a treatment of incontinence is discussed separately in a National Coverage Determinations Manual, Chapter 1, Part 4, § 230.18.

Indications

PTNS should not be performed as first line therapy for patients with OAB. It may be considered medically necessary and covered to treat patients with overactive bladder and associated symptoms of urinary urgency, urinary frequency, and urge incontinence when ALL of the following criteria have been met:

- The patient has experienced OAB with associated symptoms of urinary urgency, urinary frequency, and urge incontinence for at least 12 months and the condition has resulted in significant disability [the symptoms are limiting the patient's ability to participate in activities of daily living (ADLs);] and
- The patient has tried at least two different anti-cholinergic drugs, or a combination of an anti-cholinergic and a tricyclic drug for a period of four to six weeks without improvement, or the documentation shows the patient is unable to tolerate these type drugs; and
- The patient has tried behavioral treatments (e.g., pelvic floor exercise, biofeedback, timed voids, or fluid management (not an all inclusive list) without improvement in the symptoms.

Reimbursement Guidelines

PTNS standard treatment regimen (30-minute sessions given weekly for 12 weeks) will be covered for treatment of OAB symptoms for patients either refractory or intolerant to standard anti-cholinergic drug therapy (i.e., failed treatment with two anti-cholinergic drugs, each taken for at least 4 weeks duration , prior to the PTNS therapy initiation). If the member fails to improve after 6 PTNS treatments, continued treatment is not considered medically necessary.

Another trial of the PTNS standard treatment regimen (30-minute sessions given weekly for 12 weeks) will be allowed for patients who have had successful treatment with PTNS and have returning symptoms of OAB after 24 months from the completion of the initial standard treatment regimen of PTNS.

PTNS treatment is contraindicated for patients with pacemakers or implantable defibrillators, patients prone to excessive bleeding, patients with nerve damage that could impact either percutaneous tibial nerve or pelvic floor function, or patients who are pregnant or planning to become pregnant during the duration of the treatment. Caution should be exercised for patients with heart problems related to pacing.

Posterior Tibial Nerve Stimulation

Documentation Guidelines

The medical record must document at least one of the following criteria:

- Patient failed treatment with two anticholenergic drugs, each taken for at least 4 weeks duration, prior to the PTNS therapy initiation,
- Patient intolerance to anticholenergic drug therapy. To validate intolerance, the medical record must document the specific medical management used to address dry mouth and constipation, the most common side effects of this therapy.

CPT / HCPCS Codes

Code	Description
64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming (Effective 01/01/2011)

References Included (but not limited to):

CMS LCD(s)

Numerous LCDs

CMS Article(s)

Numerous Articles

UnitedHealthcare Medicare Advantage Coverage Summaries

Incontinence: Urinary and Fecal Incontinence, Diagnosis and Treatment

UnitedHealthcare Medical Policies

Radiofrequency Therapy and Tibial Nerve Stimulation For Urinary Disorders

History

Date	Revisions
09/08/2014	Administrative updates
02/12/2014	• Re-review MRPC approved • Administrative updates
03/13/2013	Policy re-review MRPC approved
06/22/2012	Administrative updates
03/28/2012	Policy approved by committee
03/05/2012	Policy created