MP.129.MH – Posterior Tibial Nerve Stimulators

This policy applies to the following lines of business:

- MedStar Employee (Select)
- MedStar MA – DSNP – CSNP
- MedStar CareFirst PPO

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

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.

1. Member has previously been diagnosed with overactive bladder (OAB) and/or urinary incontinence.
2. Documented failed conservative management efforts (eg. pharmacological treatment, PME, behavioral, etc.) including two anticholinergic drugs taken for at least four weeks.
3. Member is at least 18 years of age.

Limitations

- Initial treatment is limited to 30 minute sessions once a week for 12 weeks.
- 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.

Stress and neurogenic incontinence would not be expected to improve with PTNS.

Background

It is estimated that over 25 million adult Americans suffer from urinary incontinence, with women being twice as likely as men to have urinary incontinence. The Mayo Clinic categorizes urinary incontinence into the following types: stress, urge, overflow, functional, and mixed.
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 OAB syndrome and associated symptoms.

Codes:

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<th>CPT Codes / HCPCS Codes / ICD-10 Codes</th>
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ICD-9 codes covered if selection criteria are met:

- 788.30 Urinary incontinence unspecified
- 788.31 Urge incontinence
- 788.33 Mixed incontinence (Male) (Female)
- 788.36 Nocturnal enuresis
- 788.37 Continuous leakage
- 788.38 Overflow incontinence
- 788.39 Other urinary incontinence
- 788.63 Urgency of urination

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
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Last Review Date: 02/04/2016
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Renewal Date: 02/01/2017

References


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for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

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