Posterior Tibial Nerve Stimulation for Voiding Dysfunction

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Definitions

Percutaneous Tibial Nerve Stimulation (PTNS)	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 anticholinergics), 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.
Increased Daytime Frequency	The complaint by the individual who considers that he/she voids too often during the day.
Nocturia	The complaint that the individual has to wake at night one or more times to urinate.
Urgency	The complaint of a sudden compelling desire to pass urine, which is difficult to defer.
Urinary Incontinence	The complaint of any involuntary leakage of urine.

Guideline

Treatment with PTNS for OAB in the office setting is considered medically necessary when all the following criteria are documented as met:

1. Evaluation by an appropriate specialist (e.g., urologist or urogynecologist) who has determined that the member is a candidate for PTNS
2. Failure of behavioral therapies/medical management (which may be concurrent) for a period of ≥ 3 months duration
3. Failure/intolerance/contraindication to pharmacotherapy with ≥ 2 overactive bladder medications such as an anticholinergic and/or β3 agonist administered for 4–8 weeks

Limitations/Exclusions

1. Initial course of PTNS treatment is defined as one 30-minute session per week for 12 consecutive weeks.
2. Continuation of PTNS is covered for members who complete and show response to the 12-week treatment regimen.

   Response is defined as ≥ 50% improvement in voiding symptoms (based on documentation such as patient voiding diaries). The treatment regimen for continued PTNS is tailored to each individual member; typically 1 treatment administered every 2–3 weeks (26 treatments per 12 month maximum).
3. Treatment with PTNS is not considered medically necessary for any of the following conditions due to insufficient evidence of therapeutic value (list not all-inclusive):
   a. Chronic pelvic pain
   b. Constipation
   c. Fecal incontinence
   d. Voiding dysfunction secondary to a neurological condition
4. Implantable tibial nerve stimulation not considered medically necessary due to insufficient evidence of therapeutic value.

Revision History

Jan. 8, 2021	Removed in-office treatment sessions and voiding diary prerequisites.
Jan. 10, 2010	Added implantable TNS to Limitations/Exclusions as investigational.
Jul. 12, 2019	The indication of failure/intolerance/contraindication to pharmacotherapy with ≥ 2 anticholinergic medications and/or smooth muscle relaxants was clarified to include overactive bladder and β3 agonist medications.

Applicable Procedure Codes

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

Applicable Diagnosis Codes

N32.81	Overactive bladder
N39.41	Urge incontinence
R35.0	Frequency of micturition
R39.15	Urgency of urination

References

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