

# Medical Coverage Policy



## Posterior Tibial Nerve Stimulation (PTNS) for Urinary Dysfunction

Device/Equipment    Drug    Medical    Surgery    Test    Other

Effective Date:	06/21/2007	Policy Last Updated:	5/1/2012
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Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

### Description:

Posterior tibial nerve stimulation (PTNS) is a technique of electrical neuromodulation (affecting nerves and sensation) for the treatment of voiding dysfunction in patients who have failed behavioral and/or pharmacologic therapies. Voiding dysfunction includes urinary frequency, urgency, incontinence, and non-obstructive retention. Common causes of these conditions are pelvic floor dysfunction, inflammation, medications like diuretics and anticholinergics, obesity, psychologically based disorders, and diseases (for example, Multiple Sclerosis (MS), spinal cord injury, diabetes with peripheral nerve involvement, detrusor hyperreflexia). Altering the function of the posterior tibial nerve with PTNS is believed to improve voiding function and control. While the posterior tibial nerve is located near the ankle, it originates from the lumbar-sacral nerves (L4-S3), which control the bladder detrusor and perineal floor.

The procedure for PTNS includes of the insertion of a needle above the medial malleolus into the posterior tibial nerve followed by the use of low voltage electrical stimulation that produces sensory and motor responses. Noninvasive PTNS has also been delivered with surface electrodes. PTNS is typically 30-minute sessions given weekly for 10–12 weeks. Consideration has been given to increasing the number of treatments to 3 times per week to speed up the success of the desired outcome. However, an optimal treatment approach has not been identified in the literature, and long-range use and efficacy of PTNS is uncertain.<sup>1</sup>

In conclusion, the evidence is insufficient to permit conclusions concerning the effect of this technology on health outcomes. Randomized trials with appropriate control groups are needed to determine the durability and short- and long-term effects of PTNS on voiding dysfunction. In addition, further randomized trials are needed to determine appropriate maintenance therapy.

### Medical Criteria:

#### BlueCHiP for Medicare

PTNS standard treatment regimen (30-minute sessions given weekly for 12 weeks) will be

covered (once in a lifetime) for treatment of Overactive Bladder (OAB) symptoms for patients either refractory or intolerant to standard anticholinergic/antispasmodics drug therapy (i.e., failed treatment with two anticholinergic drugs, each taken for at least 4 weeks duration , prior to the PTNS therapy initiation).

*Note: Consistent with manufacturer instructions and existing literature descriptions of appropriate clinical usage, this treatment should be generally delivered in an office setting and that the standard treatment regimen will consist of 30-minute sessions given weekly for 12 weeks.*

## **Limitations**

Contraindications to PTNS include a cardiac pacemaker, an implantable defibrillator, whether the patient is prone to excessive bleeding, if the patient has nerve damage that could impact either percutaneous tibial nerve or pelvic floor function or whether the patient is pregnant or planning to become pregnant during the duration of PTNS treatment.

**Note:** Medicare policy is developed separately from BCBSRI policy. Medicare policy incorporates consideration of governmental regulations from CMS (Centers for Medicare and Medicaid Services), such as national coverage determinations or local coverage determinations. In addition to benefit differences, CMS may reach different conclusions regarding the scientific evidence than does BCBSRI. Medicare and BCBSRI policies may differ. However, BlueCHiP for Medicare members must be offered, at least, the same services as Medicare offers.

## **Commercial Products**

PTNS for voiding dysfunctions, including but not limited to urinary frequency, urgency, incontinence and non-obstructive retention is not medically necessary for all other BCBSRI products as there is insufficient, long-term, peer-reviewed scientific literature, including randomized controlled clinical trials to demonstrate its efficacy and to support its use.

### **Policy:**

PTNS for voiding dysfunctions, including but not limited to urinary frequency, urgency, incontinence and non-obstructive retention is covered for BlueCHiP for Medicare and considered **not medically necessary** for all other BCBSRI products as there is insufficient, long-term, peer reviewed scientific literature, including randomized controlled clinical trials to demonstrate its efficacy and to support its use.

### **Coverage:**

Benefits vary between groups/contracts. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for services that are not medically necessary.

### **Coding:**

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

### **Also known as:**

Incontinence, Posterior Tibial Nerve Stimulation

**Related topics:**

Pelvic Floor Stimulation for Urinary Incontinence

**Published:**

Policy Update, August 2007

Provider Update, June 2008

Provider Update, September 2009

Provider Update, October 2010

Provider Update, January 2012

Provider Update, July 2012

**References:**

1. Blue Cross Blue Shield Association: Medical Policy Reference Manual. Posterior Tibial Nerve Stimulation for Voiding Dysfunction Policy Number 7.01.106. Accessed 10/06/2011

Centers for Medicare and Medicaid Services. Local Coverage Determination (LCD) for Percutaneous Tibial Nerve Stimulation (PTNS) (L31523) Rhode Island. Accessed 03/30/2012.

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