

Benefit Coverage:

Covered Benefit for lines of business including:
Covered Benefit for lines of business including: For Medicare-Medicaid Plan (MMP) Integrity Only
Excluded from Coverage:
Extended Family Planning (EFP), Health Benefits Exchange (HBE), Rite Care (MED), Children with Special Needs (CSN), Substitute Care (SUB), Rhody Health Partners (RHP), Rhody Health Expansion (RHE)

Description:

Posterior Tibial nerve stimulation (PTNS) is a minimally invasive neuromodulation treatment designed to provide sacral nerve stimulation through percutaneous electrical stimulation of the Posterior Tibial Nerve. PTNS is a technique of electrical neuromodulation proposed for the treatment of voiding dysfunction including urinary frequency, urgency, incontinence, and non-obstructive retention in patients who have failed behavior and pharmacologic therapies. Stimulating the Posterior Tibial Nerve is purported to improve voiding function and control as it is derived from the lumbosacral nerves (L4-S3) which control the bladder detrusor and perineal floor.

Coverage Determination:

Coverage of PTNS for beneficiaries with Overactive Bladder Syndrome (OBS) is a “third line therapy.” It is covered for select patients who meet the following criteria:

- An evaluation by an appropriate specialist, usually a urologist or a urogynecologist, has determined that the patient is a candidate for PTNS; **AND**
- The medical record documents that the beneficiary has been compliant with and failed a trial of symptom appropriate behavioral therapy of sufficient length to evaluate potential efficacy and has also been compliant with and failed or been unable to tolerate a trial of at least two appropriate medications administered for at least 4 weeks; **AND**
- The voiding diary shows continued findings of OBS; **AND**
- The beneficiary has documented a willingness to attend in-office treatment sessions to comply with the behavior therapies and to continue to keep voiding diaries including documentation of behavioral therapy compliance.

Treatment will consist of an initial course of one 30 minute session per week for 12 weeks.

After the initial 12 sessions, treatments will be allowed at a frequency of 1 every month for up to a total of two years. The 2 year time period begins with the initiation of PTNS treatment. Subsequent treatment will not be covered. At this time there is no evidence to support continued PTNS therapy after two years of treatment. PTNS treatments beyond 2 years from the initiation of treatment will not be covered.

Treatment for relapse shall only be allowed for those patients who achieve a >50% decrease in OBS symptoms with the initial treatment and then relapse.

Exclusions:

PTNS is considered not covered for any indications not mentioned in the above criteria.

Authorization Forms

- Please access Prior Authorization forms by visiting Neighborhood's website at www.nhpri.org
1. Go to the section for Providers
 2. Click on "Resources & FAQ's"
 3. Click on "Medical Management Request Forms"- forms are listed alphabetically by program.

[Prior Authorization Forms](#)

For assistance with prior authorizations please contact Clinical Administrative Support at 401-459-6060.
Fax authorization forms to 401-459-6023.

Covered Codes: For information on Coding please reference the [Authorization Quick Reference Guide](#)

CMP Cross References:

[Local Coverage Determination Posterior Tibial Nerve Stimulation for Voiding Dysfunction L33396](#)

[Local Coverage Determination Posterior Tibial Nerve Stimulation \(PTNS\) L34436](#)

Created:	2/17/16
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CMO Approval Dates:	3/22/17, 4/12/18
Effective Date:	7/1/16, 3/24/17, 4/12/18

Neighborhood reviews clinical medical policies on an annual base.

Disclaimer:

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