Medica Central Coverage Policy

Policy Name:	**Percutaneous Tibial Nerve Stimulation MP9563**
Effective Date:	**01/01/2026**

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers

Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

Coverage Policy

Percutaneous tibial nerve stimulation is **COVERED** for the treatment of overactive bladder in individuals 18 years of age and older.

Percutaneous tibial nerve stimulation is investigative and unproven and therefore **NOT COVERED** for all other indications, including but not limited to, neurogenic bladder, fecal incontinence, constipation, chronic pelvic pain, and use in individuals less than 18 years of age. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the efficacy or effects on health care outcomes.

Description

Percutaneous (or posterior) tibial nerve stimulation (PTNS), also referred to as percutaneous tibial neuromodulation, is a minimally invasive, office-based treatment for overactive bladder in patients who have failed behavioral and/or pharmacologic therapies. Overactive bladder includes urinary frequency, urgency, incontinence, and nonobstructive retention. 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 is derived from the lumbar-sacral nerves (L4-S3) which control the bladder detrusor and perineal floor. Therefore, researchers are also investigating the use of PTNS in other conditions, including but not limited to fecal incontinence, constipation and chronic pelvic pain.

PTNS consists of a battery powered, external pulse generator that delivers a low voltage electrical impulse using a needle electrode placed near the ankle as an entry point. The stimulator's impulses travel along the tibial nerve to the nerves in the spine that control pelvic floor function. Treatment regimens vary but typically consist of 30 minute sessions given weekly for 10 to 12 weeks. However, the optimal treatment approach and duration remain undefined.

FDA Approval

In 2005, the FDA granted marketing approval for the Urgent® PC Neuromodulation System (Uroplasty, Inc., Minnetonka, MN) via the 510(k) process (K052025). In 2013, the NURO Neuromodulation System (Advanced Uro-Solutions, Inc., Elizabethton, TN) also received 510(k) clearance from the FDA (K132561). According to the FDA, both devices are intended to treat patients suffering from Overactive Bladder (OAB) and associated symptoms of urinary urgency, urinary frequency, and urge incontinence.

Prior Authorization

Prior authorization is not required. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

Coding Considerations

Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT Codes:

- **64566** – Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming
- **0587T -** Percutaneous implantation or replacement of integrated single device neurostimulation system including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve
- **0589T -** Electronic analysis with simple programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, posterior tibial nerve, 1-3 parameters
- **0590T** - Electronic analysis with complex programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, posterior tibial nerve, 4 or more parameters
- **0816T** - Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, including analysis, programming, and imaging guidance, when performed, posterior tibial nerve, encompassing analysis, programming, and imaging guidance
- **0817T -** Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, including analysis, programming, and imaging guidance, when performed, posterior tibial nerve, subfascial insertion, including electrode(s) and pulse generator or receiver, and analysis, programming, and imaging guidance when performed

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	Committee/Source	Date(s)
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