Advancing Female Pelvic Medicine and Reconstructive Surgery

1100 Wayne Ave, Suite 825
Silver Spring, MD 20910
301.273.0570 ▪ Fax 301.273.0778
info@augs.org ▪ www.augs.org

Coding for Posterior Tibial Nerve Stimulation

Posterior tibial nerve stimulation (PTNS) therapy is a minimally invasive neuromodulation treatment designed to provide sacral nerve stimulation through percutaneous electrical stimulation of the posterior tibial nerve. The procedure consists of insertion of a percutaneous needle above the medial malleolus into a superficial branch of the posterior tibial nerve. Possible problems or complications of this procedure include excessive bleeding and disruption of cardiac pacemakers.

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

CPT codes and RVU table from 2021 National Physician Fee Schedule:

CPT code	Description	Total RVU (Non-Facility)	Total RVU (Facility)
64566	Neuro-electrical	3.74	0.90

Billing Tips:
PTNS is a covered benefit as third line therapy for the treatment of overactive bladder syndrome. Reimbursement policies typically requires that a patient has failed a trial of two pharmacologic agents (e.g. each given for a minimum of four weeks), has been intolerant of drug therapy, or has specific contra-indications to drug therapy. While PTNS is covered by Centers for Medicare & Medicaid Services (CMS), coverage varies amongst commercial insurers and providers may want to have the procedure pre-certified to ensure coverage.

Medicare Coverage Database:
https://www.cms.gov/medicare-coverage-database/

Last Updated by the AUGS Coding and Reimbursement Committee in 2021.

Advancing Female Pelvic Medicine
and Reconstructive Surgery

1100 Wayne Ave, Suite 825
Silver Spring, MD 20910
301.273.0570 ▪ Fax 301.273.0778
info@augs.org ▪ www.augs.org

Documentation:
Most carriers have stringent criteria for coverage, and it is important the provider document failure of prior therapy and clearly define current symptomatology of overactive bladder. The medical record should document attempted management with first and second line therapy to include:

- Prior failed treatment with medical management and behavioral therapy.
- Prior urinalysis, history and physical exam.

DOCUMENTATION GUIDELINES

1. The medical record should address the patient's cognitive ability to understand and interact with the methodology of treatment.

2. The indication for treatment should be clearly documented. Commonly used codes include:

ICD-10 Code	Diagnosis
N32.81	Overactive bladder
N39.41	Urge incontinence
N39.46	Mixed incontinence
R35.0	Frequency of micturition
R39.15	Urgency of urination

3. The medical record should document at least one of the following criteria: patient has failed treatment with two anticholinergic drugs, each taken for at least 4 weeks duration, prior to the PTNS therapy initiation OR patient intolerance to anticholinergic drug therapy

4. On the fifth or sixth visit, the provider should separately document the degree of improvement in symptoms as objectively as possible. Therapy should be discontinued at this point if, in the opinion of the provider, insufficient progress has been made.

Medicare will allow treatment beyond the initial 12 sessions at a frequency of once every 1 to 2 months for up to two years. Subsequent treatment is not currently covered by Medicare.

Last Updated by the AUGS Coding and Reimbursement Committee in 2021.

Advancing Female Pelvic Medicine
and Reconstructive Surgery

1100 Wayne Ave, Suite 825
Silver Spring, MD 20910
301.273.0570 ▪ Fax 301.273.0778
info@augs.org ▪ www.augs.org

Coding Pitfalls:
CPT codes 64553, 64555, 64561, 64565, and 64590 are percutaneous implantation of neurostimulator electrodes, and inappropriate for PTNS billing.

References:

- CPT is a registered trademark of the American Medical Association, Copyright 2021
- ICD-10-CM CMS General Equivalence Mappings
- https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/index.html

Last Updated by the AUGS Coding and Reimbursement Committee in 2021.