

## Medical Policy

# Posterior Tibial Nerve Stimulation (Percutaneous or Transcutaneous)

**Policy Number:** OCA 3.562

**Version Number:** 21

**Version Effective Date:** 11/01/21

### Product Applicability

**All Plan<sup>+</sup> Products**

#### WellSense Health Plan

- NH Medicaid
- NH Medicare Advantage

#### Boston Medical Center HealthNet Plan

- MassHealth
- Qualified Health Plans/ConnectorCare/Employer Choice Direct
- Senior Care Options

<sup>+</sup> Note: Disclaimer and audit information is located at the end of this document.

## Policy Summary

Posterior tibial nerve stimulation may include percutaneous tibial nerve stimulation (PTNS) and/or transcutaneous posterior tibial nerve stimulation (TPTNS). The Plan considers percutaneous tibial nerve stimulation (PTNS) **medically necessary for the treatment of non-neurogenic overactive bladder** syndrome in adult members when Plan criteria are met. The Plan considers TPTNS using neurostimulation placed above the posterior tibial nerve on the surface of the skin (also known as transcutaneous electrical nerve stimulation or TENS) to be experimental and investigational or NOT medically necessary for all Plan members when used for the treatment of overactive bladder, urinary incontinence, and/or fecal incontinence. Plan prior authorization is required.

Posterior Tibial Nerve Stimulation (Percutaneous or Transcutaneous)

<sup>+</sup> *Plan* refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name WellSense Health Plan.

## Clinical Criteria

---

The Plan considers percutaneous tibial nerve stimulation (PTNS) medically necessary for the treatment of non-neurogenic urinary overactive bladder syndrome when the following criteria are met, as specified below in items 1 through 8:

1. The member is age 18 or older on the date of service; AND
2. The member is diagnosed with non-neurogenic overactive bladder (OAB) syndrome and the member has **NOT received a course of treatment with PTNS sessions in the past** for the treatment of OAB symptoms; AND
3. The member has consistently attempted for at least 8 to 12 weeks ALL of the following first-line behavioral therapies but these conservative treatments have failed to manage the member's symptoms of OAB, as specified below in items a through d:
  - a. Bladder training; AND
  - b. Bladder control strategies; AND
  - c. Pelvic floor muscle training; AND
  - d. Fluid management; AND
4. The member has failed second-line therapy with a trial of at least 2 anticholinergic agents (antimuscarinics) and Myrbetriq® (mirabegron), with each administered for a minimum of 4 weeks to treat the member's symptoms of OAB syndrome, unless this pharmacotherapy is NOT tolerated or is contraindicated for the member; AND
5. The device requested is FDA approved for the intended use; AND
6. Member does NOT have an implanted or planned implantation of a sacral nerve neurostimulator; AND
7. Each PTNS session will be **30 minutes in duration**; AND
8. **The member's first course of treatment is defined as first-time use of PTNS to treat one (1) or more urological symptoms per member regardless of treating provider and date of service.** The Plan will authorize PTNS sessions ONLY when it is the member's first course of treatment with PTNS and ONE (1) of the following applicable treatment **frequency criteria** must be met, as specified below in items a through c:

Posterior Tibial Nerve Stimulation (Percutaneous or Transcutaneous)

<sup>†</sup> Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name WellSense Health Plan.

a. **6 Initial PTNS Sessions for First Course of Treatment:**

BOTH of the following criteria must be met for the initial 6 PTNS sessions for the first course of treatment, as specified below in item (1) and item (2):

- (1) The treating provider will be **objectively documenting** the degree of improvement (e.g., member voiding diaries) of the member's symptoms after each PTNS session; AND
- (2) Each of the 6 initial PTNS sessions will occur **once a week** for 6 consecutive weeks; OR

b. **PTNS Sessions Number 7 Through 12 for First Course of Treatment:**

BOTH of the following criteria must be met for PTNS session number 7 through 12 for the first course of treatment, as specified below in item (1) and item (2):

- (1) The treating provider has objectively documented the degree of improvement (e.g., member voiding diaries) of the member's symptoms after each of the initial sessions 1 through 6 and will continue to **objectively document** improvement after each of the PTNS sessions number 7 through 12; AND
- (2) Each of PTNS sessions number 7 through 12 will occur **once a week** for ALL consecutive weeks; OR

c. **PTNS After 12 Sessions for First Course of Treatment**

After 12 sessions of PTNS for the member's first course of treatment, PTNS sessions must meet ALL of the following criteria, as specified below in items (1) through (3): ∞

- (1) The additional PTNS sessions will occur **no more frequently than monthly** for the first 6 months of treatment (with the first 6 months of treatment defined as 6 consecutive calendar months from the date of the initial PTNS session for the member regardless of treating provider); AND
- (2) The treating provider has **objectively documented** (e.g., member voiding diaries) that the member has consistently experienced **50% or greater improvement in voiding symptoms for at least 48 hours** after each PTNS session – if this improvement threshold is not met or not documented, the PTNS treatment will be immediately discontinued (even if additional PTNS sessions are authorized by the Plan); AND
- (3) The PTNS sessions do not exceed 6 consecutive calendar months from the initial PTNS session for the member (regardless of treating provider). ∞

Posterior Tibial Nerve Stimulation (Percutaneous or Transcutaneous)

<sup>†</sup> *Plan* refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name WellSense Health Plan.

∞ Note: The Plan will NOT approve more than 6 sessions of PTNS per prior authorization request. Plan Medical Director review is required when the total duration of PTNS sessions is **longer than 6 consecutive calendar months.**

## **Limitations and Exclusions**

---

### **1. Plan Medical Director Review:**

Plan Medical Director review is required for ANY of the following conditions, as specified below in items a through c:

- a. Request for PTNS after 12 sessions when that the member has NOT experienced 50% or greater improvement in voiding symptoms for at least 48 hours; the efficacy of continued treatment with PTNS has NOT been established if the initial 12-week course of PTNS has failed to adequately manage the member's urological symptoms; OR
- b. Request for PTNS for a member whose sessions will exceed 6 consecutive calendar months from the member's initial PTNS session (regardless of treating provider and dates of service) to determine if PTNS remains the most effective treatment option for the member (rather than first-line therapy or a long-term treatment option such as implantable sacral nerve stimulation which has greater accuracy because the sacral nerve is directly stimulated); OR
- c. Request for PTNS sessions more frequently than once a week.

### **2. Contraindications for Percutaneous Tibial Nerve Stimulation (PTNS):**

Contraindications for PTNS include ANY of the following, as specified below in items a through g:

- a. Member with neurogenic overactive bladder syndrome/neurogenic lower urinary tract dysfunction; OR
- b. Member with pacemaker or implantable defibrillator; OR
- c. Member prone to excessive bleeding; OR
- d. Member with nerve damage that could impact either percutaneous tibial nerve or pelvic floor function; OR
- e. Member who is pregnant or planning to become pregnant during the duration of the treatment; OR

Posterior Tibial Nerve Stimulation (Percutaneous or Transcutaneous)

<sup>†</sup> *Plan* refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name WellSense Health Plan.

- f. Member with active infection in the area of the percutaneous puncture; OR
- g. Member unable to tolerate needle stick (e.g., phobia to needles); OR

## Variations

---

The Plan uses guidance from the Centers for Medicare & Medicaid Services (CMS) for medical necessity and coverage determinations for Senior Care Options (SCO) members and WellSense Medicare Advantage HMO members, including but not limited to national coverage determinations (NCDs), local coverage determinations (LCDs), local coverage articles (LCAs), and documentation included in Medicare manuals. At the time of the Plan’s most recent policy review, no NCD was found. LCD L33396 includes medical necessity criteria for posterior tibial nerve stimulation for voiding dysfunction. Verify CMS guidelines in effect on the date of the prior authorization request. When there is no guidance from CMS for the requested service, Plan-adopted clinical review criteria will be used to determine the medical necessity of the service.

## Applicable Coding

---

The Plan uses and adopts up-to-date Current Procedural Terminology (CPT) codes from the American Medical Association (AMA), International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10) diagnosis codes developed by the World Health Organization and adapted in the United States by the National Center for Health Statistics (NCHS) of the Centers for Disease Control under the U.S. Department of Health and Human Services, and the Health Care Common Procedure Coding System (HCPCS) established and maintained by the Centers for Medicare & Medicaid Services (CMS). Since the AMA, NCHS, and CMS may update codes more frequently or at different intervals than Plan policy updates, the list of applicable codes included in this Plan policy is for informational purposes only, may not be all inclusive, and is subject to change without prior notification. Whether a code is listed in the Applicable Coding section of this Plan policy does not constitute or imply member coverage or provider reimbursement. Providers are responsible for reporting all services using the most up-to-date industry-standard procedure and diagnosis codes as published by the AMA, NCHS, and CMS at the time of the service.

Providers are responsible for obtaining prior authorization for the services specified in the Clinical Criteria and Limitations and Exclusions sections of this Plan policy, even if an applicable code appropriately describing the service that is the subject of this Plan policy is not included in this Applicable Coding section. Review the Plan’s reimbursement policies for Plan billing guidelines. Coverage for services is subject to benefit eligibility under the member’s benefit plan in effect at the time of the service. Member benefit documents are available at the following websites: [www.bmchp.org](http://www.bmchp.org) for BMC HealthNet Plan members, [www.SeniorsGetMore.org](http://www.SeniorsGetMore.org) for Senior Care Options members, [www.wellsense.org](http://www.wellsense.org) for WellSense New Hampshire Medicaid members, and [www.WellSense.org/Medicare](http://www.WellSense.org/Medicare) for WellSense Medicare Advantage HMO members.

CPT Code	Description: Code Considered Medically Necessary for Percutaneous Tibial
----------	--

Posterior Tibial Nerve Stimulation (Percutaneous or Transcutaneous)

<sup>†</sup> Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name WellSense Health Plan.

	<b>Nerve Stimulation (PTNS) for Non-Neurogenic Overactive Bladder Syndrome</b>
64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming

<b>CPT Codes</b>	<b>Description: Codes Considered Experimental and Investigational or NOT Medically Necessary for Transcutaneous Posterior Tibial Nerve Stimulation (TPTNS)/Transcutaneous Electrical Nerve Stimulation (TENS) When Used to Treat Overactive Bladder, Urinary Incontinence, and/or Fecal Incontinence (and Billed with a Related Primary Diagnosis Code)</b>
97014	<p>Application of a modality to 1 or more areas; electrical stimulation (unattended)</p> <p>Plan notes:</p> <ol style="list-style-type: none"> <li>1. CPT code 97014 is NOT a payable code for the Senior Care Options and WellSense Medicare Advantage HMO products.</li> <li>2. This code is also considered experimental and investigational or NOT medically necessary when it is used to bill for non-implantable pelvic floor electrical stimulation (PFES) for the treatment of overactive bladder, urinary incontinence, and/or fecal incontinence, as stated in the Plan's <i>Pelvic Floor Stimulation for the Treatment of Incontinence</i> medical policy, policy number OCA 3.561.</li> <li>4. See the applicable medical policy or clinical criteria used for this CPT code when it is billed with a primary diagnosis NOT related to overactive bladder, urinary incontinence, and/or fecal incontinence.</li> </ol>
97032	<p>Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes</p> <p>Plan notes:</p> <ol style="list-style-type: none"> <li>1. This code is also considered experimental and investigational or NOT medically necessary when it is used to bill for non-implantable pelvic floor electrical stimulation (PFES) for the treatment of overactive bladder, urinary incontinence, and/or fecal incontinence, as stated in the Plan's <i>Pelvic Floor Stimulation for the Treatment of Incontinence and/or Overactive Bladder</i> medical policy, policy number OCA 3.561.</li> <li>2. See the applicable medical policy or clinical criteria used this CPT code when it is billed with a primary diagnosis NOT related to overactive bladder, urinary incontinence, and/or fecal incontinence.</li> </ol>

Posterior Tibial Nerve Stimulation (Percutaneous or Transcutaneous)

<sup>†</sup> *Plan* refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name WellSense Health Plan.

<b>HCPCS Code</b>	<b>Description: Code Considered Experimental and Investigational for Transcutaneous Posterior Tibial Nerve Stimulation (TPTNS)/Transcutaneous Electrical Nerve Stimulation (TENS) When Used to Treat Overactive Bladder, Urinary Incontinence, and/or Fecal Incontinence (and Billed with a Related Primary Diagnosis Code)</b>
G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care  Plan notes: 1. This code is also considered experimental and investigational or NOT medically necessary when it is used to bill for non-implantable pelvic floor electrical stimulation (PFES) for the treatment of overactive bladder, urinary incontinence, and/or fecal incontinence, as stated in the Plan's <i>Pelvic Floor Stimulation for the Treatment of Incontinence and/or Overactive Bladder</i> medical policy, policy number OCA 3.561. 2. See the applicable medical policy or clinical criteria used for this CPT code when it is billed with a primary diagnosis NOT related to overactive bladder, urinary incontinence, and/or fecal incontinence.

<b>ICD-10 Diagnosis Codes</b>	<b>Description: One (1) of the Following Primary ICD-10 Diagnosis Codes is Required When Billing with a CPT Code or HCPCS Code for TPTNS/TENS Used to Treat Overactive Bladder, Urinary Incontinence and/or Fecal Incontinence</b>
N32.81	Overactive bladder
N32.9	Bladder disorder, unspecified
N39.3	Stress incontinence (female)(male)
N39.41-N39.43	Other specified urinary incontinence
N39.45-N39.46	Other specified urinary incontinence
N39.490	Other specified urinary incontinence; overflow incontinence
N39.498	Other specified urinary incontinence (reflex incontinence) (total incontinence)
R15.0-R15.9	Fecal incontinence
R32	Unspecified urinary incontinence
R33.0-R33.9	Retention of urine
R35.0	Frequency of micturition
R39.14	Feeling of incomplete bladder emptying
R39.15	Urgency of urination

Posterior Tibial Nerve Stimulation (Percutaneous or Transcutaneous)

<sup>†</sup> Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name WellSense Health Plan.

## References

---

Abrams P, Andersson KE, Birder L, Brubaker L, Cardozo L, Chapple C, Cottenden A, Davila W, de Ridder D, Dmochowski R, Drake M, Dubeau C, Fry C, Hanno P, Smith JH, Herschorn S, Hosker G, Kelleher C, Koelbl H, Khoury S, Madoff R, Milsom I, Moore K, Newman D, Nitti V, Norton C, Nygaard I, Payne C, Smith A, Staskin D, Tekgul S, Thuroff J, Tubaro A, Vodusek D, Wein A, Wyndaele JJ; Members of Committees; Fourth International Consultation on Incontinence. Fourth international consultation on incontinence recommendations of the International Scientific Committee: Evaluation and treatment of urinary incontinence, pelvic organ prolapse, and fecal incontinence. *Neurourol Urodyn*. 2010;29(1):213-40. doi: 10.1002/nau.20870. PMID: 20025020.

American College of Gastroenterology (ACG). Guidelines. Accessed at: <https://gi.org/guidelines/>

American College of Gastroenterology (ACG). Rao SS, ACG Practice Parameters Committee. Diagnosis and management of fecal incontinence. *Am J Gastroenterol*. 2004 Aug;99(8):1585-604. doi: 10.1111/j.1572-0241.2004.40105.x. PMID: 15307881.

The American College of Obstetricians and Gynecologists (ACOG). Clinical Guidance. Accessed at: <https://www.acog.org/en/Clinical>

The American College of Obstetricians and Gynecologists (ACOG). ACOG Practice Bulletin No. 155. Urinary Incontinence in Women. 2015. Reaffirmed 2018. *Obstet Gynecol*. 2015 Nov;126(5):e66-81. doi: 10.1097/AOG.0000000000001148. PMID: 26488524.

The American College of Obstetricians and Gynecologists (ACOG). ACOG Practice Bulletin No. 210. Fecal Incontinence. *Obstet Gynecol*. 2019 Apr;133(4):837-839. doi: 10.1097/AOG.0000000000003188. PMID: 30913191.

The American College of Obstetricians and Gynecologists (ACOG), American Urogynecologic Society (AUGS). ACOG Committee on Gynecologic Practice. Evaluation of Uncomplicated Stress Urinary Incontinence in Women Before Surgical Treatment. Committee Opinion Number 603. 2014 Jun. Reaffirmed 2017. Accessed at: <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2014/06/evaluation-of-uncomplicated-stress-urinary-incontinence-in-women-before-surgical-treatment>

The American College of Obstetricians and Gynecologists (ACOG). Urinary Incontinence. Patient Resources. Accessed at: <https://www.acog.org/patient-resources/faqs/gynecologic-problems/urinary-incontinence>

American College of Physicians (ACP). Clinical Guidelines & Recommendations. Accessed at: <https://www.acponline.org/clinical-information/guidelines>

Posterior Tibial Nerve Stimulation (Percutaneous or Transcutaneous)

<sup>†</sup> Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name WellSense Health Plan.



American College of Physicians (ACP). Qaseem A, Dallas P, Forcica MA, Starkey M, Denberg TD, Shekelle P. Clinical Guidelines Committee of the ACP. Nonsurgical management of urinary incontinence in women: a clinical practice guideline from the ACP. *Ann Intern Med*. 2014 Sep 16;161(6):429-40. doi: 10.7326/M13-2410. PMID: 25222388.

American Gastroenterological Association (AGA). Bharucha AE, Pemberton JH, Locke GR. American Gastroenterological Association technical review on constipation. *Gastroenterology*. 2013 Jan;144(1):218-38. doi: 10.1053/j.gastro.2012.10.028. PMID: 23261065.

American Gastroenterological Association (AGA). Clinical Guidelines. Accessed at: <https://www.gastro.org/guidelines>

The American Society of Colon and Rectal Surgeons (ASCRS). Clinical Practice Guidelines. Accessed at: <https://www.fascrs.org/physicians/clinical-practice-guidelines>

The American Society of Colon and Rectal Surgeons (ASCRS). Paquette IM, Varma MG, Kaiser AM, Steele SR, Rafferty JF. The American Society of Colon and Rectal Surgeons' clinical practice guideline for the treatment of fecal incontinence. *Dis Colon Rectum*. 2015 Jul;58(7):623-36. doi: 10.1097/DCR.0000000000000397. PMID: 26200676.

American Urogynecologic Society (AUGS). Clinical Guidance Documents. Accessed at: <https://www.augs.org/clinical-practice/guidelines/>

American Urological Association (AUA). Guidelines & Policies. Accessed at: <https://www.auanet.org/guidelines>

American Urological Association (AUA) and Society of Urodynamics, Female Pelvic Medicine & Urogenital Reconstruction (SUFU). Lightner DJ, Gomelsky A, Souter L, Vasavada SP. Diagnosis and Treatment of Overactive Bladder (Non-Neurogenic) in Adults: AUA/SUFU Guideline Amendment 2019. *J Urol*. 2019 Sep;202(3):558-63. doi: 10.1097/JU.0000000000000309. Epub 2019 Aug 8. PMID: 31039103.

Ammi M, Chautard D, Brassart E, Culty T, Azzouzi AR, Bigot P. Transcutaneous posterior tibial nerve stimulation: evaluation of a therapeutic option in the management of anticholinergic refractory overactive bladder. *Int Urogynecol J*. 2014 Aug;25(8):1065-9. doi: 10.1007/s00192-014-2359-0. Epub 2014 Mar 6. PMID: 24599180.

Anderson CA, Omar MI, Campbell SE, Hunter KF, Cody JD, Glazener CM. Conservative management for postprostatectomy urinary incontinence. *Cochrane Database Syst Rev*. 2015 Jan 20;1:CD001843. doi: 10.1002/14651858.CD001843.pub5. PMID: 25602133.

Astell Pharma Inc. Myrbetriq® (mirabegron). Why Myrbetriq? Accessed at: <https://www.myrbetriq.com/why-myrbetriq/>

Posterior Tibial Nerve Stimulation (Percutaneous or Transcutaneous)

<sup>†</sup> Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name WellSense Health Plan.

Barker A, Hurley J. Novel treatment options for fecal incontinence. Clin Colon Rectal Surg. 2014 Sep;27(3):116–20. doi: 10.1055/s-0034-1387800. PMID: 25320572 .

Barnett G, Ockrim J. Re: Cost of neuromodulation therapies for overactive bladder: percutaneous tibial nerve stimulation versus sacral nerve stimulation: M. Martinson, S. MacDiarmid and E. Black J Urol 2013; 189: 210-216. J Urol. 2013 Oct;190(4):1444-5. doi: 10.1016/j.juro.2013.04.131. Epub 2013 Jul 22. PMID: 23886880.

Barroso U Jr, Viterbo W, Bittencourt J, Farias T, Lordêlo P. Posterior tibial nerve stimulation vs parasacral transcutaneous neuromodulation for overactive bladder in children. J Urol. 2013 Aug;190(2):673-7. doi: 10.1016/j.juro.2013.02.034. Epub 2013 Feb 16. PMID: 23422257.

The Canadian Continence Foundation. Overactive Bladder vs. Stress Urinary Incontinence. Accessed at: <http://www.canadiancontinence.ca/EN/overactive-bladder-vs-sui.php>

Canadian Urological Association. Bettez M, Tu LM, Carlson K, Corcos J, Gajewski J, Jolivet M, Bailly G. 2012 Update: Guidelines for Adult Urinary Incontinence Collaborative Consensus Document for the Canadian Urological Association. Can Urol Assoc J. 2012 Oct;6(5):354–63. doi: 10.5489/cuaj.12248. PMID: 23093627.

Centers for Medicare & Medicaid Services (CMS). Local Coverage Determination (LCD) Posterior Tibial Nerve Stimulation for Voiding Dysfunction L33396. National Government Services, Inc. 2015 Oct 1. Revision Effective Date 2019 Oct 24.

Centers for Medicare & Medicaid Services (CMS). Manuals. Publication # 100-02. Medicare Benefit Policy Manual. Accessed at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS012673>

Centers for Medicare & Medicaid Services (CMS). Manuals. Publication # 100-03. Medicare National Coverage Determinations (NCD) Manual. Accessed at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS014961>

Centers for Medicare & Medicaid Services (CMS). Medicare Coverage Database (MCD). Accessed at: <https://www.cms.gov/medicare-coverage-database/search.aspx>

Centers for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD) for Biofeedback Therapy for the Treatment of Urinary Incontinence 30.1.1. Effective 2001 Jul 1.

Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) for Bladder Stimulators (Pacemakers) 230.16. 1996 Oct 7.

Posterior Tibial Nerve Stimulation (Percutaneous or Transcutaneous)

<sup>†</sup> Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name WellSense Health Plan.

Centers for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD) for Incontinence Control Devices 230.10. 1996 Oct 7.

Centers for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD) for Non-Implantable Pelvic Floor Electrical Stimulator 230.8. Effective 2006 Jun 19.

Centers for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD) for Sacral Nerve Stimulation for Urinary Incontinence 230.18. Effective 2002 Jan 1.

Centers for Medicare & Medicaid Services (CMS). Transmittals. Accessed at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals>

Commonwealth of Massachusetts. Division of Insurance (DOI) Bulletins. Accessed at: <https://www.mass.gov/lists/doi-bulletins>

Commonwealth of Massachusetts. MassHealth Provider Bulletins. Accessed at: <https://www.mass.gov/masshealth-provider-bulletins>

Commonwealth of Massachusetts. MassHealth Provider Manuals. Accessed at: <https://www.mass.gov/lists/masshealth-provider-manuals>

Commonwealth of Massachusetts. MassHealth Transmittal Letters. Accessed at: <https://www.mass.gov/masshealth-transmittal-letters>

de Sèze M, Raibaut P, Gallien P, Even-Schneider A, Denys P, Bonniaud V, Gamé X, Amarenco G. Transcutaneous posterior tibial nerve stimulation for treatment of the overactive bladder syndrome in multiple sclerosis: results of a multicenter prospective study. *Neurourol Urodyn*. 2011 Mar;30(3):306-11. doi: 10.1002/nau.20958. Epub 2011 Feb 8. PMID: 21305588.

de Wall LL, Heesakkers JP. Effectiveness of percutaneous tibial nerve stimulation in the treatment of overactive bladder syndrome. *Res Rep Urol*. 2017 Aug 14;9:145-57. doi: 10.2147/RRU.S124981. eCollection 2017. PMID: 28861404.

Dedemadi G, Takano S. Efficacy of Bilateral Transcutaneous Posterior Tibial Nerve Stimulation for Fecal Incontinence. *Perm J*. 2018 Jul 31;22. doi: 10.7812/TPP/17-231. PMID: 30028671.

Edenfield AL, Amundsen CL, Wu JM, Levin PJ, Siddiqui NY. Posterior tibial nerve stimulation for the treatment of fecal incontinence: a systematic evidence review. *Obstet Gynecol Surv*. 2015 May;70(5):329-41. doi: 10.1097/OGX.000000000000171. PMID: 25974730.

European Association of Urology (EAU). Blok B, Castro-Diaz D, Del Popolo G, Groen J, Hamid R, Karsenty G, Kessler TM, Pannek J, Ecclestone H, Musco S, Padilla-Fernández B, Sartori A, 't Hoen LA. Guidelines. *Neuro-Urology*. 2020. Accessed at: <https://uroweb.org/guideline/neuro-urology/>

Posterior Tibial Nerve Stimulation (Percutaneous or Transcutaneous)

<sup>†</sup> *Plan* refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name WellSense Health Plan.

European Association of Urology (EAU). Burkland FC, Bosch JLHR, Cruz F, Lemack GE, Nambiar AK, Thiruchelvam N, Tubaro A, Ambühl D, Bedretdinova DA, Farag F, Lombardo R, Schneider MP. Guidelines. Urinary Incontinence. Accessed at: <https://uroweb.org/guideline/urinary-incontinence/>

European Association of Urology (EAU). Burkhard FC, Lucas MG, Berghmans LC, Bosch JLHR, Cruz F, Lemack GE, Nambiar AK, Nilsson CG, Pickard R, Tubaro A. EAU Guidelines on Urinary Incontinence in Adults. 2016. Accessed at: <https://uroweb.org/wp-content/uploads/EAU-Guidelines-Urinary-Incontinence-2016.pdf>

European Association of Urology (EAU). Nambiar AK, Bosch R, Cruz F, Lemack GE, Thiruchelvam N, Tubaro A, Bedretdinova DA, Ambühl D, Farag F, Lombardo R, Schneider MP, Burkhard FC. EAU Guidelines on Assessment and Nonsurgical Management of Urinary Incontinence. *Eur Urol*. 2018 Apr;73(4):596-609. doi: 10.1016/j.eururo.2017.12.031. Epub 2018 Feb 3. PMID: 29398262.

Fritel X, Fauconnier A, Bader G, Cosson M, Debodinance P, Deffieux X, Denys P, Dompeyre P, Faltin D, Fotton B, Haab F, Hermieux JF, Kerdraon J, Mares P, Mellier G, Michel-Laaengh N, Nadeau C, Robain G, de Tayrac R, Jacquelin B; French College of Gynecologists and Obstetricians. Diagnosis and management of adult female stress urinary incontinence: guidelines for clinical practice from the French College of Gynecologists and Obstetricians. *Eur J Obstet Gynecol Reprod Biol*. 2010 Jul;151(1):14-9. doi: 10.1016/j.ejogrb.2010.02.041. Epub 2010 Mar 16. PMID: 20236751.

Gaziev G, Topazio L, Iacovelli V, Asimakopoulos A, Di Santo A, De Nunzio C, Finazzi-Agro. Percutaneous tibial nerve stimulation (PTNS) efficacy in the treatment of lower urinary tract dysfunctions: a systematic review. *BMC Urol*. 2013 Nov 25;13:61. doi: 10.1186/1471-2490-13-61. PMID: 24274173.

George AT, Kalmar K, Sala S, Kopanakis K, Panarese A, Dudding TC, Hollingshead JR, Nicholls RJ, Vaizey CJ. Randomized controlled trial of percutaneous versus transcutaneous posterior tibial nerve stimulation in faecal incontinence. *Br J Surg*. 2013 Feb;100(3):330-8. doi: 10.1002/bjs.9000. PMID: 23300071.

George AT, Maitra RK, Maxwell-Armstrong C. Posterior tibial nerve stimulation for fecal incontinence: Where are we? *World J Gastroenterol*. 2013 Dec 28;19(48):9139-45. Published online 2013 Dec 28. doi: 10.3748/wjg.v19.i48.9139. PMID: 24409042.

Gungor Ugurlucan F, Onal M, Aslan E, Ayyildiz Erkan H, Kizilkaya Beji N, Yalcin O. Comparison of the effects of electrical stimulation and posterior tibial nerve stimulation in the treatment of overactive bladder syndrome. *Gynecol Obstet Invest*. 2013;75(1):46-52. doi: 10.1159/000343756. Epub 2012 Nov 16. PMID: 23171636.

#### Posterior Tibial Nerve Stimulation (Percutaneous or Transcutaneous)

<sup>†</sup> *Plan* refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name WellSense Health Plan.

Hayes. Comparative Effectiveness Review. Comparative Effectiveness Review of Percutaneous Tibial Nerve Stimulation for the Treatment of Symptomatic Non-Neurogenic Overactive Bladder. Dallas, TX: Hayes; 2018 Oct 31. Annual Review 2021 May 11.

Hayes. Health Technology Assessment. Percutaneous Tibial Nerve Stimulation for the Treatment Of Symptomatic Neurogenic Lower Urinary Tract Dysfunction. Dallas, TX: Hayes; 2019 Apr 15. Annual Review 2021 Jun 4.

Horrocks EJ, Thin N, Thaha MA, Taylor SJ, Norton C, Knowles CH. Systematic review of tibial nerve stimulation to treat fecal incontinence. *Br J Surg*. 2014 Apr;101(5):457-68. doi: 10.1002/bjs.9391. Epub 2014 Jan 20. PMID: 24446127.

Hotouras A, Murphy J, Allison M, Curry A, Williams NS, Knowles CH, Chan CL. Prospective clinical audit of two neuromodulatory treatments for fecal incontinence: sacral nerve stimulation (SNS) and percutaneous tibial nerve stimulation (PTNS). *Surg Today*. 2014 Nov;44(11):2124-30. doi: 10.1007/s00595-014-0898-0. Epub 2014 May 5. PMID: 24792064.

Martinson M, MacDiarmid S, Black E. Cost of neuromodulation therapies for overactive bladder: percutaneous tibial nerve stimulation versus sacral nerve stimulation. *J Urol*. 2013 Jan;189(1):210-6. doi: 10.1016/j.juro.2012.08.085. Epub 2012 Nov 20. Erratum in: *J Urol*. 2013 Sep;190(3):1142. PMID: 23174264.

Maternik M, Krzeminska K, Zurowska A. The management of childhood urinary incontinence. *Pediatr Nephrol*. 2015 Jan;30(1):41-50. doi: 10.1007/s00467-014-2791-x. Epub 2014 Mar 11. PMID: 24615564.

Monga AK, Tracey MR, Subbaroyan J. A systematic review of clinical studies of electrical stimulation for treatment of lower urinary tract dysfunction. *Int Urogynecol J*. 2012 Aug;23(8):993-1005. doi: 10.1007/s00192-012-1691-5. Epub 2012 Mar 17. PMID: 22426872.

Moosdorff-Steinhauser HF, Berghmans B. Effects of percutaneous tibial nerve stimulation on adult patients with overactive bladder syndrome: a systematic review. *Neurourol Urodyn*. 2013 Mar;32(3):206-14. doi: 10.1002/nau.22296. Epub 2012 Aug 20. PMID: 22907807.

National Institute for Health and Care Excellence (NICE). Lower urinary tract symptoms in men: management. Clinical Guideline CG97. 2010 May 23. Last Updated 2015 Jun 3. Accessed at: <https://www.nice.org.uk/guidance/cg97>

National Institute for Health and Care Excellence (NICE). Urinary incontinence in neurological disease: assessment and management. Clinical Guideline CG148. 2012 Aug 8. Accessed at: <https://www.nice.org.uk/guidance/cg148>

Posterior Tibial Nerve Stimulation (Percutaneous or Transcutaneous)

<sup>†</sup> Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name WellSense Health Plan.

National Institute for Health and Care Excellence (NICE). Urinary incontinence and pelvic organ prolapse in women: management. NICE Guideline NG123. 2019 Apr 2. Last Updated 2019 Jun 24. Accessed at: <https://www.nice.org.uk/guidance/ng123>

Nepple KG, Cooper CS. Management of bladder dysfunction in children. UpToDate. 2021 Jun 22. Accessed at: <https://www.uptodate.com/contents/management-of-bladder-dysfunction-in-children>

New Hampshire Department of Health and Human Services. Billing Manuals. Accessed at: <https://nhmmis.nh.gov/portals/wps/portal/BillingManuals>

New Hampshire Department of Health and Human Services. Provider Notices. Accessed at: <https://www.dhhs.nh.gov/ombp/pharmacy/notices.htm>

Peters KM, Carrico DJ, Wooldridge LS, Miller CJ, MacDiarmid SA. Percutaneous tibial nerve stimulation for the long-term treatment of overactive bladder: 3-year results of the STEP study. *J Urol*. 2013 Jun; 189(6):2194-201. doi: 10.1016/j.juro.2012.11.175. Epub 2012 Dec 3. PMID: 23219541.

Rostaminia G, Chang C, Pincus JB, Sand PK, Goldberg RP. Predictors of successful percutaneous tibial nerve stimulation (PTNS) in the treatment of overactive bladder syndrome. *Int Urogynecol J*. 2018 Nov 29. doi: 10.1007/s00192-018-3834-9. [Epub ahead of print] PMID: 30498931.

Sanford MT, Suskind AM. Neuromodulation in neurogenic bladder. *Transl Androl Urol*. 2016 Feb;5(1):117-26. doi: 10.3978/j.issn.2223-4683.2015.12.01. PMID: 26904417.

Santos JD, Lopes RI, Koyle MA. Bladder and bowel dysfunction in children: An update on the diagnosis and treatment of a common, but underdiagnosed pediatric problem. *Can Urol Assoc J*. 2017 Jan-Feb;11(1-2Suppl1):S64-S72. doi: 10.5489/cuaj.4411. PMID: 28265323.

Schreiner L, Santos TG, Souza AB, Nygaard CC, Silva Filho IG. Electrical stimulation for urinary incontinence in women: a systematic review. *Int Braz J Urol*. 2013 Jul-Aug;39(4):454-64. doi: 10.1590/S1677-5538.IBJU.2013.04.02. PMID: 24054395.

Sharan E, Hunter K, Hassouna M, Yoo PB. Characterizing the transcutaneous electrical recruitment of lower leg afferents in healthy adults: implications for non-invasive treatment of overactive bladder. *BMC Urol*. 2018 Feb 13;18(1):10. doi: 10.1186/s12894-018-0322-y. PMID: 29439703.

Staskin DR, Peters KM, MacDiarmid S, Shore N, de Groat WC. Percutaneous tibial nerve stimulation: a clinically and cost effective addition to the overactive bladder algorithm of care. *Curr Urol Rep*. 2012 Oct;13(5):327-34. doi: 10.1007/s11934-012-0274-9. PMID: 22893501.

Thomas GP, Dudding TC, Rahbour G, Nicholls RJ, Vaizey CJ. A review of posterior tibial nerve stimulation for faecal incontinence. *Colorectal Dis*. 2013 May;15(5):519-26. doi: 10.1111/codi.12093. PMID: 23216902.

Posterior Tibial Nerve Stimulation (Percutaneous or Transcutaneous)

<sup>†</sup> *Plan* refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name WellSense Health Plan.

Tudor KI, Seth JH, Liechti MD, Ochulor J, Gonzales G, Haslam C, Fox Z, Pakzad M, Panicker JN. Outcomes following percutaneous tibial nerve stimulation (PTNS) treatment for neurogenic and idiopathic overactive bladder. Clin Auton Res. 2018 Aug 3. doi: 10.1007/s10286-018-0553-8. [Epub ahead of print] PMID: 30074101.

Tutolo M, Ammirati E, Heesakkers J, Kessler TM, Peters KM, Rashid T, Sievert KD, Spinelli M, Novara G, Van der Aa F, De Ridder D. Efficacy and Safety of Sacral and Percutaneous Tibial Neuromodulation in Non-neurogenic Lower Urinary Tract Dysfunction and Chronic Pelvic Pain: A Systematic Review of the Literature. Eur Urol. 2018 Jan 11. pii: S0302-2838(17)30978-8. doi: 10.1016/j.eururo.2017.11.002. [Epub ahead of print.] PMID: 29336927.

U.S. Food and Drug Administration (FDA). Clinical Investigations of Devices Indicated for the Treatment of Urinary Incontinence – Guidance for Industry and FDA Staff. 2011 Mar 8. Accessed at: <https://www.fda.gov/MedicalDevices/ucm070852>

U. S. Food and Drug Administration (FDA). Medical Devices. 510(k) Clearances. Accessed at: <https://www.fda.gov/medical-devices/device-approvals-denials-and-clearances/510k-clearances>

U. S. Food and Drug Administration (FDA). Medical Devices. Device Registration and Listing. Accessed at: <https://www.fda.gov/medical-devices/how-study-and-market-your-device/device-registration-and-listing>

Wald A. Update on the Management of Fecal Incontinence for the Gastroenterologist. Gastroenterol Hepatol (NY). 2016 Mar;12(3):155–64. PMID: 27231444.

## Policy History

Original Approval Date	Original Effective Date* and Version Number	Policy Owner	Original Policy Approved by
Regulatory Approval: N/A Internal Approval: 10/03/06	12/03/06 Version 1	Medical Policy Manager as Chair of Medical Policy, Criteria, and Technology Assessment Committee (MPCTAC)	Quality and Clinical Management Committee (Q&CMC)

\*Effective Date for the BMC HealthNet Plan Commercial Product: 01/01/12

\*Effective Date for the WellSense New Hampshire Medicaid Product: 01/01/13

\*Effective Date for the Senior Care Options Product: 01/01/16

\*Effective Date for the WellSense Medicare Advantage HMO Product: 01/01/22

Notes: Effective 05/01/13, this policy replaced the *Pelvic Floor/Sacral Nerve Stimulation for Urinary Incontinence* policy, policy number OCA: 3.56, for a service-specific policy for posterior tibial nerve stimulation.

Posterior Tibial Nerve Stimulation (Percutaneous or Transcutaneous)

<sup>†</sup> Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name WellSense Health Plan.



Policy title was *Posterior Tibial Nerve Stimulation* from 05/01/13 to 12/31/18. Effective 01/01/19, policy title changed to *Posterior Tibial Nerve Stimulation (Percutaneous or Transcutaneous)*.

<b>Policy Revisions History</b>			
<b>Review Date</b>	<b>Summary of Revisions</b>	<b>Revision Effective Date and Version Number</b>	<b>Approved by</b>
09/11/07	Updated template and added coding.	Version 2	09/11/07: MPCTAC 09/25/07: Utilization Management Committee (UMC) 10/15/07: Quality Improvement Committee (QIC)
09/09/08	No changes.	Version 3	09/09/08: MPCTAC 09/30/08: UMC 10/22/08: QIC
09/22/09	Updated references, no changes to criteria.	Version 4	09/22/09: MPCTAC 10/28/09: QIC
09/01/10	Updated template and references. No changes to criteria.	Version 5	10/20/10: MPCTAC 11/22/10: QIC
10/01/11	Updated limitations to include that sacral nerve stimulation for the treatment of fecal incontinence and posterior tibial nerve stimulation for the treatment of symptoms associated with overactive bladder are considered experimental and investigational. Updated references and coding.	Version 6	10/19/11: MPCTAC 11/29/11: QIC
07/20/12	Off cycle review for Well Sense Health Plan: Updated title, revised Summary statement, added posterior tibial stimulation to Description of Item or Service, reformatted Medical Policy Statement, updated Definitions, revised language in Applicable Coding section, updated code list.	Version 7	08/13/12: MPCTAC 09/13/12: QIC
12/01/12	Review for effective date 05/01/13. Separated pelvic floor electrical stimulation, sacral nerve stimulation, and posterior tibial nerve stimulation into three separate policies; policy formerly titled <i>Pelvic Floor/Sacral Nerve Stimulation for Urinary Incontinence</i>	05/01/13 Version 8	12/19/12: MPCTAC 01/31/13: QIC

Posterior Tibial Nerve Stimulation (Percutaneous or Transcutaneous)

<sup>†</sup> *Plan* refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name WellSense Health Plan.



## Policy Revisions History

	(formerly policy number OCA: 3.65). Revised title and re-numbered policy. Updated language in Summary, Description of Item or Service, Medical Policy Statement, Definitions, Applicable Coding, and Clinical Background Information sections. Updated references and revised limitations. Revised applicable code list. Referenced the following policies: <i>Experimental and Investigational Treatment, Non-Implantable Pelvic Floor Electrical Stimulation for Urinary Incontinence, Sacral Nerve Stimulation (Including Peripheral Nerve Stimulation Test and Two-Stage Tined Lead Procedure) for Incontinence and Urinary Conditions, and Biofeedback for Urinary Incontinence.</i>		
12/01/13	Review for effective date 02/01/14. Updated references.	02/01/14 Version 9	12/18/13: MPCTAC 01/21/14: QIC
12/01/14	Review for effective date 02/01/15. Updated references.	02/01/15 Version 10	12/17/14: MPCTAC 01/14/15: QIC
10/01/15	Review for effective date 12/01/15. Updated list of applicable products and corresponding notes. Updated Clinical Background Information and References sections.	12/01/15 Version 11	10/21/15: MPCTAC 11/11/15: QIC
11/25/15	Review for effective date 01/01/16. Revised language in the Applicable Coding section.	01/01/16 Version 12	11/25/15: MPCTAC (electronic vote) 12/09/15: QIC
10/01/16	Review for effective date 12/01/16. Administrative changes made to the Summary, Medical Policy Statement, Definitions, Clinical Background Information, References, and References to Applicable Laws and Regulations sections. No change to criteria or the applicable code list.	12/01/16 Version 13	10/19/16: MPCTAC 11/09/16: QIC
10/01/17	Review for effective date 11/01/17. Administrative changes made to the Policy Summary, Description of Item or Service, Limitations, Definitions, Clinical Background Information, References,	11/01/17 Version 14	10/18/17: MPCTAC

Posterior Tibial Nerve Stimulation (Percutaneous or Transcutaneous)

<sup>†</sup> Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name WellSense Health Plan.

## Policy Revisions History

	and Other Applicable Policies sections. Percutaneous tibial nerve stimulation (PTNS) remains an experimental and investigational treatment.		
10/01/18	Review for effective date 01/01/19. Revised policy title. Administrative changes made to the Policy Summary, Description of Item or Service, Definitions, Clinical Background Information, References, and Other Applicable Policies sections. Criteria revised in the Medical Policy Statement and Limitations sections (designating PTNS as medically necessary when applicable criteria are met and listing TPTNS as an experimental and investigational service). Revised code list in the Applicable Coding section.	01/01/19 Version 15	10/17/18: MPCTAC
12/01/18	Review for effective date 03/01/19. Revised the code list (including industry-wide code update) and Plan notes in the Applicable Coding section.	03/01/19 Version 16	12/19/18: MPCTAC
09/01/19	Review for effective date 12/01/19. Administrative changes made to the Other Applicable Policies, References, and Reference to Applicable Laws and Regulations sections. Administrative change made to the Plan notes in the Applicable Coding section. Revised criteria in the Limitations section.	12/01/19 Version 17	09/18/19: MPCTAC
09/01/20	Review for effective date 10/01/20. Administrative changes made to the References and Other Applicable Policies sections.	10/01/20 Version 18	09/16/20: MPCTAC
05/01/21	Review for effective date 06/01/21. Administrative changes made to the Applicable Coding and References sections.	06/01/21 Version 19	05/19/21: MPCTAC
10/01/21	Review for effective date 11/01/21. Adopted new medical policy template; removed administrative sections and the Medical Policy Statement section renamed the Clinical Criteria section,	11/01/21 Version 20	10/20/21: MPCTAC

Posterior Tibial Nerve Stimulation (Percutaneous or Transcutaneous)

<sup>†</sup> Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name WellSense Health Plan.

## Policy Revisions History

	and the Limitations section renamed Limitations and Exclusions section. Added WellSense Medicare Advantage HMO as an applicable product effective 01/01/22. Administrative changes made to the Policy Summary, Clinical Criteria, Limitations and Exclusions, Applicable Coding, and References sections.		
--	---	--	--

### Next Review Date

---

09/01/22

### Authorizing Entity

---

MPCTAC

#### Disclaimer Information: +

Medical Policies are the Plan's guidelines for determining the medical necessity of certain services or supplies for purposes of determining coverage. These Policies may also describe when a service or supply is considered experimental or investigational, or cosmetic. In making coverage decisions, the Plan uses these guidelines and other Plan Policies, as well as the Member's benefit document, and when appropriate, coordinates with the Member's health care Providers to consider the individual Member's health care needs.

Plan Policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization standards (including NCQA). Medical Policies are also developed, as appropriate, with consideration of the medical necessity definitions in various Plan products, review of current literature, consultation with practicing Providers in the Plan's service area who are medical experts in the particular field, and adherence to FDA and other government agency policies. Applicable state or federal mandates, as well as the Member's benefit document, take precedence over these guidelines. Policies are reviewed and updated on an annual basis, or more frequently as needed. Treating providers are solely responsible for the medical advice and treatment of Members.

The use of this Policy is neither a guarantee of payment nor a final prediction of how a specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service; medical necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement.

Posterior Tibial Nerve Stimulation (Percutaneous or Transcutaneous)

<sup>+</sup> Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name WellSense Health Plan.