

URGENT PC PERCUTANEOUS POSTERIOR TIBIAL NERVE STIMULATION (PTNS)



2020 REIMBURSEMENT GUIDE

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PTNS CONSIDERATIONS

- Initial protocol for PTNS is 12 weekly treatments. Patients who respond to the initial protocol may need occasional treatments to sustain results.
- PTNS is generally expected to be delivered in an office setting (site of service 11). Please verify outpatient coverage and payment with payer.

ICD-10 CM – DIAGNOSIS CODES

It is the physician's responsibility to select the most accurate diagnosis code(s) to describe a patient's condition. The following diagnosis codes may be applicable for PTNS; however some medical policies may specify which ICD-10 diagnosis codes support medical necessity.

- N39.41¹ Urge incontinence
- R35.0¹ Urinary frequency
- R39.15¹ Urgency of urination
- N32.81¹ Overactive bladder (hypertonicity of bladder)

MEDICARE NATIONAL RATES

OFFICE – SITE OF SERVICE 11

Procedure Description	CPT® Code	Medicare National Allowed Amount ^{2,3}
Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming	64566	\$129.56

OUT PATIENT HOSPITAL- SITE OF SERVICE 22

Procedure Description	CPT® Code	Medicare National Allowed Amount ^{2,3}	APC	Hospital Outpatient Payment ⁴
Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming	64566	\$32.48	5441	\$266.44

*APC payments are adjusted slightly for geographic differences. Presented above are the rates before this adjustment.

AMBULATORY SURGICAL CENTER – SITE OF SERVICE 24

Procedure Description	CPT® Code ⁶	Medicare National Allowed Amount ^{2,3}	ASC Payment ⁵
Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming	64566	\$32.48	\$104.66

RELATIVE VALUE UNITS

Coding	Office Based			Facility Based		
	Physician Reimbursement ²			Physician Reimbursement ²	Facility Reimbursement ²	
CPT® Code	Work RVU	Practice RVU	Malpractice RVU	Work RVU	Practice RVU	Malpractice RVU
64566	0.6	2.90	0.09	0.6	0.21	0.09

¹The Urgent PC Neuromodulation System has FDA clearance to treat patients suffering from Overactive Bladder and the associated symptoms of urinary urgency, urinary frequency, and urge incontinence. The FDA does not specify diagnosis codes. Current Procedural Terminology (CPT) is a copyright of the American Medical Association. All rights reserved. No fee schedules, basic units, relative values, or related listing are included in CPT. ² CY 2020 Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Medicare Part B. CMS-1715-F. Final Rule. 2019-11-15. [CY 2020 PFS Final Rule Addenda](#). ³ "Allowed Amount" is the payment Medicare determines to be the maximum allowance for any Medicare covered service. Actual payment will vary based on the geographically adjusted maximum allowed amount less any applicable deductible, coinsurance, etc. ⁴ Hospital Outpatient Prospective Payment-Correction Notice and CY2020 Payment Rates. 2019-11-12. CMS-1717-CN. [CY 2020 OPPS Addenda](#). ⁵ January 2020 ASC Approved HCPCS Code and Payment Rates (Updated 11/12/19). [CY 2020 ASC Payment Rate](#). Federal law (USA) restricts this device to sale by or on the order of a physician. For complete instructions for use, storage, warnings, indications, contraindications, precautions, adverse reactions and disclaimer of warranties, please refer to the insert accompanying each product. 10018L 01/19 © 2018 LABORIE. All rights reserved.