CODING
ICD-10 CM - DIAGNOSIS CODES
Physicians should always select the most accurate diagnosis code(s) to describe the patient’s condition. The following diagnosis codes may be applicable for PTNS; however, some medical policies may specify which diagnosis codes support medical necessity.

<table>
<thead>
<tr>
<th>Description</th>
<th>ICD-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urge Incontinence</td>
<td>N39.41</td>
</tr>
<tr>
<td>Frequency of Micturition</td>
<td>R35.0</td>
</tr>
<tr>
<td>Urgency of Urination</td>
<td>R39.15</td>
</tr>
<tr>
<td>Overactive Bladder</td>
<td>N32.81</td>
</tr>
</tbody>
</table>

CPT® CODE
64566 Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming.

COVERAGE
There is national Medicare access for PTNS therapy and it is covered by many private insurance companies. Review up-to-date coverage policies for your state at www.urgentpcreimbursement.com. While individual policies vary, the following are some points to consider:

» Most policies require that patients fail conservative therapies and 2 anticholinergics before prescribing PTNS.
» Coverage is usually provided for the initial 12 treatments; coverage for ongoing treatments varies by payer.
» Some policies require documented improvement (i.e., by the 6th treatment) in order to continue treatment.

If a payer has a non-coverage policy:

» Physician and patient advocacy can influence payer decisions.
» Cogentix Medical encourages you to attempt prior authorizations for case-by-case approvals.
» For guidance with denials and appeals, please contact Cogentix Medical Reimbursement Support.

PAYMENT
Cogentix Medical recommends documentation to support medical necessity and the claim submission process, including the Patient Record, PTNS Treatment Record or similar forms. Additional documents and tools are available at www.urgentpcreimbursement.com.

For reimbursement assistance, contact Cogentix Medical Reimbursement Support at:
Phone: 866.258.2182, option 2  OR  Confidential Fax: 952.426.6198
OAB Patient with Coverage for PTNS
Meets payer policy covered diagnosis
Failed conservative treatment and tried/failed 2 drugs

Traditional Medicare
Does not routinely require prior-authorization
Proceed with initial 12 treatments
If patient responds, continue therapy per policy guideline

Medicare Advantage
Should follow Medicare guidelines
May have additional criteria
» Obtain prior-auth and document:
  – Authorization number
  – Date
  – Number of authorized treatments (i.e., 6 or 12)
  – Allowed amount
  – Written confirmation
If denied, the patient and physician may appeal. Request appeals process from the payer*
When authorized, proceed with authorized treatments
If patient responds, obtain prior-auth for additional treatments

Private Payers*
May require verification of patient eligibility and prior-auth
» Obtain prior-auth and document:
  – Authorization number
  – Date
  – Number of authorized treatments (i.e., 6 or 12)
  – Allowed amount
  – Written confirmation
If denied, the patient and physician may appeal. Request appeals process from the payer*
When authorized, proceed with authorized treatments
If patient responds, obtain prior-auth for additional treatments

* We encourage you to use this process with payers with non-coverage policies for case-by-case approvals. Please contact Cogentix Medical Reimbursement Support for guidance.

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The prior authorization process evaluates and determines appropriateness of medical service(s) based on medical necessity, criteria and benefit coverage. Contact the payer to verify prior authorization requirements. Prior authorization is not a guarantee that benefits will be paid. Cogentix Medical has compiled this coding information for your convenience. It is always the provider’s responsibility to determine medical necessity and submit appropriate codes modifiers, and charges for services rendered. Please contact your local carrier/payer for interpretation of coding and coverage. Cogentix Medical does not promote the use of its products outside their FDA cleared or approved labeling.