

Additional Documentation Request (ADR) Form for PTNS Treatment

Provider Name _____
Provider Address _____
Provider/NPI # _____

Patient Name _____
Patient ID # _____
Patient DOB _____

Primary ICD-10 Diagnosis Code:

- N39.41 Urge Incontinence
- R35.0 Frequency of Micturation
- R39.15 Urgency of Urination
- N32.81 Overactive Bladder
- Other _____

Patient Symptoms Prior to PTNS Treatment:

Date symptoms began _____ (must be >1 year)
Daytime voids ≤ 7 8-14 ≥ 15
Nighttime voids ≤ 1 2 ≥ 3
Leakage episodes ≤ 1 day 2-4/day ≥ 5 day

How symptoms affect patient's Quality of Life (QOL) and/or Activities of Daily Living (ADL)

- Leakages interfere with participation in daily activities
- Limits social interaction
- Disrupts sleep patterns
- Dependent on pads
- Limits ability to exercise
- Inability to travel
- Psychological effects
- Increased sexual dysfunction
- Other _____

Behavioral Modification Techniques (tried with limited or no success):

- Pelvic Floor Exercises
- Fluid Management
- Biofeedback
- Dietary restrictions
- Bladder Training
- Other _____

Medications and Reason(s) for Discontinuation (if applicable, please mark one or more):

Drug #1 _____	Drug #2 _____	Drug #3 _____
Start date _____	Start date _____	Start date _____
End date _____	End date _____	End date _____

- | | | |
|------------------------------------|------------------------------------|------------------------------------|
| _____ Insufficient response | _____ Insufficient response | _____ Insufficient response |
| _____ Intolerable side effects | _____ Intolerable side effects | _____ Intolerable side effects |
| _____ Interference with other meds | _____ Interference with other meds | _____ Interference with other meds |
| _____ Allergic | _____ Allergic | _____ Allergic |
| _____ Other, please explain | _____ Other, please explain | _____ Other, please explain |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Additional Comments:

Provider Signature: _____ Date _____

PTNS Treatment Dates
For treatment progress, see attached Percutaneous Tibial Nerve Stimulation Treatment Chart

Treatment # 1 _____
Treatment # 2 _____
Treatment # 3 _____
Treatment # 4 _____
Treatment # 5 _____
Treatment # 6 _____
Treatment # 7 _____
Treatment # 8 _____
Treatment # 9 _____
Treatment # 10 _____
Treatment # 11 _____
Treatment # 12 _____