

Urgent[®] PC

NEUROMODULATION SYSTEM



Coding Information

Urgent PC provides percutaneous tibial nerve stimulation (PTNS) for the treatment of Overactive Bladder and associated symptoms of urinary urgency, urinary frequency and urge incontinence. This information is subject to change without notice. For the most up-to-date information, please visit our website or contact your payers directly.

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.

Description	ICD-10 <i>Begins 10/1/15</i>
Urge Incontinence	N39.41
Frequency of Micturition	R35.0
Urgency of Urination	R39.15
Overactive Bladder	N32.81

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**

Payer Decision Tree - CPT® Code 64566

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.*

**For reimbursement assistance, contact Cogentix Medical Reimbursement Support at:
Phone: 866.258.2182, option 2 OR Confidential Fax: 952.426.6198**

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.

CAUTION: 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 Urgent PC product or online at www.cogentixmedical.com. Urgent PC is manufactured by Uroplasty, LLC. Urgent is a registered trademark. Current Procedural Terminology (CPT) is a copyright of the American Medical Association. © 2015 Cogentix Medical. All rights reserved. 20222J 10/15

Cogentix
Medical

cogentixmedical.com

Cogentix Medical
5420 Felt Road
Minnetonka, MN 55343

TEL 866.258.2182
FAX 866.255.4522