

Prior Authorization Request

Percutaneous Tibial Nerve Stimulation (PTNS)

Provider	Physician Name _____
Contact Name _____	NPI _____
Practice Name _____	Phone _____
Fax _____	E-mail _____

Patient	Patient Name _____ Patient DOB ____/____/____
Insurance _____	Member name _____
Member ID # _____	Group # _____

Procedure	Percutaneous Posterior Tibial Nerve Stimulation – 12 treatments
CPT® Code 64566	CPT® Code 64566- <i>Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming.</i>
ICD-10 Diagnosis:	
<input type="checkbox"/> N39.41 urge incontinence <input type="checkbox"/> R35.0 frequency <input type="checkbox"/> R39.15 urgency <input type="checkbox"/> N32.81 overactive bladder <input type="checkbox"/> Other _____	
Approx. Date of Service for 1 st Treatment _____ (Therapy is 12 weekly treatments)	

Medical Necessity	Duration of Symptoms _____ <input type="checkbox"/> months <input type="checkbox"/> years
Symptoms: <input type="checkbox"/> Frequency <input type="checkbox"/> Urgency <input type="checkbox"/> Urge-Incontinence <input type="checkbox"/> Night-time frequency <input type="checkbox"/> Other _____	
Severity (1=minimal impact to patient’s life, 5=severe disruption to patient’s life): 1 2 3 4 5	

<u>Conservative Therapies Tried</u>	<u>Pharmacological Therapies Tried</u>	<u>Reason(s) Discontinued</u>
<input type="checkbox"/> Fluid Management <input type="checkbox"/> Nutrition Counseling <input type="checkbox"/> Timed Voids <input type="checkbox"/> Pelvic Floor Exercises <input type="checkbox"/> Biofeedback <input type="checkbox"/> Other _____	Drug _____ Duration _____ Drug _____ Duration _____	<input type="checkbox"/> Insufficient Response <input type="checkbox"/> Patient compliance <input type="checkbox"/> Side Effects <input type="checkbox"/> Other _____ _____

I am requesting coverage for the above patient for 12 treatments of PTNS delivered via the Urgent® PC Neuromodulation System.

Office Signature
Date
Fax

Authorization # _____
Authorized by _____ Date _____