

## Posterior tibial nerve stimulation

2026 coding and payment guide

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# Physician coding and payment

January 1, 2026 – December 31, 2026

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Procedure	CPT procedure code and description <sup>1</sup>	Medicare Work RVUs <sup>2</sup>	Medicare national average for physician services provided in: <sup>†,3</sup>	
			Office <sup>5</sup>	Facility
<b>Percutaneous tibial neuromodulation (PTNM)</b>	<b>64566</b> Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming <sup>a</sup>	0.59	\$117	\$26

# Hospital outpatient coding and payment

Effective January 1, 2026 – December 31, 2026

Procedure	CPT procedure code and description <sup>1</sup>	APC <sup>4</sup>	APC level <sup>4</sup>	Status indicator <sup>4,b</sup>	Relative weight <sup>4</sup>	Medicare national average <sup>4</sup>
<b>Percutaneous tibial neuromodulation (PTNM)</b>	<b>64566</b> Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming <sup>a</sup>	5441	Level 1	T	3.4305	\$314

# ASC coding and payment

Effective January 1, 2026 – December 31, 2026

Procedure	CPT procedure code and description <sup>1</sup>	Payment indicator <sup>c</sup>	Multiple procedure discounting	Relative weight <sup>5</sup>	Medicare national average <sup>5</sup>
<b>Percutaneous tibial neuromodulation (PTNM)</b>	<b>64566</b> Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming <sup>a</sup>	P3	Y	N/A	\$96

<sup>†</sup> Rates shown reflect the CY 2026 Medicare Physician Fee Schedule for clinicians who did not qualify as participants in Advanced Alternative Payment Model (APM). Physicians and other eligible clinicians who qualify as participants in an Advanced APM under the Quality Payment Program may receive higher payment rates.

# Frequently asked questions

## **Is there a separate device code for the Posterior Tibial Nerve Stimulation (PTNS) device?**

No, there is no separate HCPCS II code for the disposable device. There is also no separate payment for the device for physicians, hospitals, or ASCs. For physicians, the cost of the therapy, including the disposable devices, is factored into the practice expenses used to determine the RVU. So, the physician's payment includes reimbursement for the device. For hospitals and ASCs, the payment is also calculated to include the cost of the device.

## **Is there a global period for CPT code 64566?**

There is no global period for CPT code 64566 (Global surgery indicator 000) indicating that there is no required time between episodes of care. Evaluation and management services on the day of the procedure are generally not payable unless a significant and separately identifiable E/M service was also performed and documented.

## **Can I bill CPT code 64566 for each session?**

CPT code 64566 is separately billable for each patient session.

## **Can I bill fluoroscopy or ultrasound guidance with CPT code 64566?**

No. CPT codes 76000, 76942, 76998, and 77002 for fluoroscopy and ultrasound guidance are all edited with 64566 under the National Correct Coding Initiative (NCCI), indicating that they are considered integral to CPT code 64566 and should not be reported separately.

## **Do payers require prior authorization for PTNS system?**

- Traditional Medicare Fee-For-Service: covers PTNS. Medicare does not require prior authorizations for services that are considered benefits under Medicare. Review applicable Local Coverage Determinations for medical necessity guidelines or contact your local Medicare Administrative Carrier (MAC) for instructions.
- Medicare Advantage Plans: follow Medicare guidelines but may also have additional coverage criteria. Contact the payer to verify medical necessity and prior authorization requirements.
- Commercial Payers: may require prior authorization for PTNS. Contact the payer to determine eligibility and determine if prior authorization is required. The sample letter of medical necessity on pages 6-7 can be used as a template if prior authorization is required.

# Sample letter of medical necessity for the PTNS procedure

Please Note: Posterior Tibial Nerve Stimulation (PTNS) is covered by Medicare and many non-Medicare payers, but coverage should still be verified with the payer. Providers may wish to submit a prior authorization request before initiating PTNS sessions with a patient.

This is a template for physicians' offices to use in tailoring a letter for a specific patient.

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RE: Request for Immediate Review and Authorization of Benefits for Percutaneous Tibial Nerve Stimulation (PTNS), also known as Percutaneous Tibial Neuromodulation, CPT® Code 64566

Patient Name \_\_\_\_\_ ID# \_\_\_\_\_

DOB \_\_\_\_\_ DOS \_\_\_\_\_

Dear **[Insert name of Insurance Company or Medical Director]:**

This letter is to request a predetermination of coverage/prior authorization for Percutaneous Tibial Nerve Stimulation (PTNS) sessions to improve symptoms of overactive bladder for my patient, **[insert patient name]**, who has **[note the patient's diagnosis here]**. **[He/She]** has failed or could not tolerate more conservative treatments. The CPT® code associated with this procedure is 64566.

Percutaneous Tibial Nerve Stimulation is a minimally invasive treatment<sup>1</sup> that delivers electrical stimulation to the sacral nerve plexus via the tibial nerve. A needle electrode is temporarily inserted near the tibial nerve just above the patient's ankle. The electrical stimulation alters the activity along sacral nerves controlling bladder function, resulting in improvement in urinary symptoms and quality of life.<sup>2-4</sup> The goal of PTNS therapy is to reduce OAB symptoms to a tolerable level for the patient to resume normal daily activities. Initial PTNS treatment is delivered during 12 weekly 30-minute sessions. Following the 12 weekly treatments, subsequent treatments tailored to the individual patient's need may be necessary to maintain symptom relief.<sup>2-4</sup>

**[Insert patient name]** is under my care for symptoms of Overactive Bladder (OAB), a condition defined by the International Continence Society as urinary urgency with or without incontinence, usually with frequency and nocturia.<sup>5</sup> OAB can significantly impact quality of life, physical and sexual functioning, and social interactions.<sup>6,7</sup> My patient has experienced OAB symptoms for **[XX]** months, and because other treatment modalities have been unsuccessful to treat this patient's condition, I am prescribing PTNS, CPT® code 64566. At this time, I am requesting authorization for this patient to receive 12 weekly PTNS treatments.

PTNS is described by the American Urological Association as a treatment for OAB following failed conservative therapy and pharmacotherapy in their evidence-based guideline for the diagnosis and treatment of OAB.<sup>1</sup> The Agency for Healthcare Research and Quality (AHRQ) has also found PTNS to "improve OAB symptoms in adults," and the Blue Cross Blue Shield TEC assessment (December 2013) has stated PTNS has met its criteria for treatment of OAB.

**[Insert patient name]** has been diagnosed with **[name specific diagnosis(es): urinary urgency, urinary frequency, urge incontinence, etc.]** A brief OAB medical history follows:

**[Describe condition with detail including:**

- **Severity of condition (number of incontinence episodes per day and/or number of voids per day)**
- **How this condition has resulted in limiting the beneficiary's ability to participate in daily activities.**
- **Previous treatments tried including pharmacotherapy (list specific drugs tried and duration), bladder training, bio feedback, etc. and why they were not successful (e.g., drug side effects, compliance, lack of effectiveness, etc.)**
- **Any social implications for the patient or alterations of daily living.**
- **Any co-morbidities experienced (e.g., UTI, depression, skin irritation, etc.)]**

*Letter continued on next page*

## Sample letter of medical necessity for the PTNS procedure (continued)

*Continued*

PTNS is an FDA-approved, office-based, minimally invasive<sup>1</sup> neuromodulation therapy indicated for OAB. Neuromodulation System received clearance in November 2013. There are numerous publications highlighting the use of percutaneous tibial nerve stimulation (PTNS) in the treatment of overactive bladder, including urinary urgency, urinary frequency, and urge incontinence.<sup>1-5</sup> Most common side effects of PTNS are temporary and include mild pain or skin inflammation at or near the stimulation site.

Conclusions: Level 1, Grade A evidence shows superior reduction in incontinence and urgency episodes vs. sham therapy. GRA (global response assessment) improvement was significant.

Peters, K. M., S. A. MacDiarmid, et al. Randomized trial of percutaneous tibial nerve stimulation versus extended-release tolterodine: results from the overactive bladder innovative therapy trial. *J Urol.* 2009;182:1055-61.

Conclusions: PTNM has similar efficacy when compared to antimuscarinic medications at 3 months but has significantly fewer dry mouth and constipation side effects. The proportion of patients reporting cure or improvement using GRA (global response assessment) was significantly greater in the PTNM group.

Peters, K., Carrico, D., Wooldridge, L., Miller, C., MacDiarmid, S. Percutaneous tibial nerve stimulation for the long-term treatment of overactive bladder: 3-year results of the STEP Study. *J Urol.* 2013;189:2194-2201.

Conclusions: Most STEP participants with an initial positive response to 12 weekly percutaneous tibial nerve stimulation treatments safely sustained overactive bladder symptom improvement to 3 years with an average of 1 treatment per month. PTNM is an excellent non-surgical option for patients who cannot tolerate or are refractory to standard therapies.

Despite the numerous treatments attempted, my patient has continued to endure ongoing OAB symptoms. In my professional opinion, PTNM is medically necessary for this patient. Based on the available clinical information and evidence-based expert medical opinion, I am requesting that you approve 12 weekly 30-minute PTNS treatment sessions for this patient.

Sincerely,

**[insert physician name]**

Enclosures:

Pertinent medical records

Clinical Summary

### References:

1. Cameron AP, Chung DE, Dielubanza EJ et al. The AUA/SUFU guideline on the diagnosis and treatment of idiopathic overactive bladder (2024). *J Urol.* 2024;212:11-20.
2. Peters KM, Carrico DJ, et al. Randomized trial of percutaneous tibial nerve stimulation versus sham efficacy in the treatment of overactive bladder syndrome: results from the SUMiT trial. *J Urol.* 2010;183:1438-1443.
3. Peters KM, MacDiarmid SA, Wooldridge LS, et al. Randomized trial of percutaneous tibial nerve stimulation versus extended-release tolterodine: results from the overactive bladder innovative therapy trial. *J Urol.* 2009;182(3):1055-1061.
4. Kobashi K, Nitti V, Margolis E, et al. A prospective study to evaluate efficacy using the NURO percutaneous tibial neuromodulation system in drug-naïve patients with overactive bladder syndrome. *J Urol.* 2019;131:77-82.
5. Abrams P, Cardozo L, Fall M, et al. The standardisation of terminology of lower urinary tract function: Report from the standardisation sub-committee of the International Continence Society. *Neurourol Urodyn.* 2002;21(2):167-178.
6. Coyne KS, Payne C, et al. The impact of urinary urgency and frequency on health-related quality of life in overactive bladder: results from a national community survey. *Value Health.* 2004;7(4):455-463.
7. Dmochowski RR, Newman DK. Impact of overactive bladder on women in the United States: results of a national survey. *Curr Med Res Opin.* 2007;23:65-76.

# Annual references

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2. PFS 2026 Final Rule CMS-1832-F Addenda. Cms.gov. Published October 31, 2025. <https://www.cms.gov/files/zip/cy-2026-pfs-final-rule-addenda.zip>. Although the total RVU consists of three components, only the physician work RVU is shown.
3. PFS 2026 Final Rule CMS-1832-F | CMS. Cms.gov. Published October 31, 2025. <https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notices/cms-1832-f>. Local physician rates will vary based on location specific factors not reflected in this document.
4. OPPS 2026 Final Rule CMS-1834-FC | CMS. Cms.gov. Published November 21, 2025. <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1834-fc>. Rates shown reflect the unadjusted OPPS payment rates. Actual reimbursement may vary based on hospital-specific factors, such as wage index, geographic adjustments, and other CMS payment modifiers.
5. ASC 2026 Final Rule CMS-1834-FC | CMS. Cms.gov. Published November 21, 2025. <https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-regulations-and-notices/cms-1834-fc>. Rates shown reflect the unadjusted ASC payment rates. Actual reimbursement may vary based on hospital-specific factors, such as wage index, geographic adjustments, and other CMS payment modifiers.

## Important information

- a. Code 64566 represents temporary insertion of a needle electrode which is then removed after each short-term, eg, 30-minute, service as part of a repeated series of treatments over the course of several weeks. *CPT Changes 2011-An Insider's View*, p.107-108. Do not assign codes 0587T-0590T, which represent implantation, removal, and programming of a tibial nerve neurostimulator system for long-term or permanent treatment. *CPT Changes 2020-An Insider's View*, p.229-230. Also do not assign codes 0766T-0769T, which represent non-invasive magnetic nerve stimulation. *CPT Changes 2023-An Insider's View*, p.239
- b. Status Indicator (SI) shows how a code is handled for payment purposes. T = paid at 50% of rate when billed with another higher-weighted T procedure.
- c. The Payment Indicator shows how a code is handled for payment purposes. P3= office-based procedure, payment based on physician fee schedule.

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