**SAMPLE Letter of Medical Necessity for Urgent® PC**

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

Patient Name ID#

DOB DOS

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

[Insert patient name] is under my care for chronic 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. OAB can significantly impact QOL, physical and sexual functioning and social interactions. My patient has experienced OAB symptoms for [XX] years, and because other treatment modalities have been unsuccessful to treat this patient’s chronic condition, I am prescribing a minimally invasive therapy called Percutaneous Tibial Nerve Stimulation (PTNS), CPT® code 64566. At this time I am requesting authorization for this patient to receive 12 weekly PTNS treatments.

PTNS is supported 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. The Agency for Healthcare Research and Quality (AHRQ) has also found PTNS to “improve OAB symptoms in adults,” and the California Technology Assessment Forum (CTAF) has stated the PTNS “technique and protocol are standardly used by physicians and physician extenders in practice.”

PTNS delivers retrograde electrical stimulation to the sacral nerve plexus using the posterior tibial nerve for patients who have failed conservative behavioral and/or pharmacologic therapies. A needle electrode is temporarily inserted near the tibial nerve just above the patient’s ankle. The electrical stimulation alters the function of the sacral nerves controlling bladder function resulting in significant improvement in urinary symptoms and quality of life. 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 in 12 weekly 30-minute sessions. Following the 12 weekly treatments, subsequent treatments tailored to the individual patient’s need may be necessary to maintain chronic symptom relief.

[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)
* 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, biofeedback, 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.)

Significant published clinical evidence exists, including 3 RCTs and 2 long-term durability studies. The abundance of clinical evidence substantiates and warrants coverage. My own clinical experience demonstrates that PTNS via the Urgent® PC Neuromodulation System is effective in reducing OAB symptoms in a majority of patients, improving their quality of life. PTNS is an FDA-cleared, office-based, minimally invasive form of neuromodulation indicated for OAB. The Urgent® PC Neuromodulation System has been FDA cleared since 2005.

PTNS is an excellent cost-effective, 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, PTNS is medically necessary for this patient.

Based on the available clinical information and evidenced-based expert medical opinion, I am requesting that you approve 12 weekly 30-minute PTNS treatments for this patient.

Sincerely,

Encl.

* Pertinent medical records
* Clinical Summary
* 2012 AUA Treatment Algorithm of Care

Electronic copies of the Sample LOMN are available at [www.urgentpcreimbursement.com](http://www.urgentpcreimbursement.com)