**SAMPLE** **Provider Appeal Letter for Urgent® PC**

Date

Name of Insurance

Address

City, State, Zip Code

**RE: Percutaneous Tibial Nerve Stimulation (PTNS), CPT® Code 64566**

Patient Name ID#

Date of Service CLAIM#

Dear [insert name of Insurance Company or Medical Director],

I am submitting this letter of appeal and request for coverage for Percutaneous Tibial Nerve Stimulation (PTNS) on the above referenced patient. I prescribed PTNS because this patient continues to experience the chronic symptoms associated with overactive bladder (OAB) despite standard conservative and pharmacological interventions. OAB is 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.

PTNS, via the Urgent® PC Neuromodulation System, is an FDA cleared, clinically supported, minimally invasive procedure for the treatment of OAB. 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 sustain chronic symptom relief.

[Patient name] has endured intolerable symptoms of [choose all that apply: urgency/frequency/urge incontinence] for [xx] years despite dietary and behavioral modifications, physical therapy, and pharmacological treatment. This patient’s history includes:

Describe condition with detail including:

* Severity of condition (number of incontinence episodes per day; pads used; voids/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.)
* List results of additional studies such as Urodynamics/cysto/radio/etc, if done

Relevant medical records are attached.

Significant published clinical evidence exists, including over 50 peer reviewed studies, 3 RCTs and 2 long term durability studies. This abundance of clinical evidence substantiates and warrants coverage. My own clinical experience also 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.

In addition,PTNS is supported by the American Urological Association as a treatment for OAB following failed conservative therapy and failed pharmacotherapy in their evidence based guideline for the diagnosis and treatment for 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.”

In my professional opinion, PTNS is the best treatment option available for this patient and therefore medically necessary. Available clinical information and evidenced-based expert medical opinion support my treatment choice. Therefore, I am requesting immediate reconsideration of your denial to provide coverage for PTNS. Please contact me if you have questions or require additional information.

Sincerely,

Encl.

* Relevant medical records
* PTNS Clinical Summary
* AUA Algorithm of Care

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