DeanHealthPlan by Medica

Coverage of any medical intervention discussed in a Dean Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and applicable state and/or federal laws.

Percutaneous Tibial Nerve Stimulation MP9563

Covered Service: Yes

Prior Authorization Required: No

Additional Information: None

Medicare Policy: Prior authorization is dependent on the member's Medicare coverage. Prior authorization is not required for Dean Care Gold and Select when this service is provided by participating providers. If a member has Medicare primary and Dean Health Plan as secondary coverage, a prior authorization is required.

BadgerCare Plus Policy: Dean Health Plan covers when BadgerCare Plus also covers the benefit.

Dean Health Plan Medical Policy:

1.0 Percutaneous nerve stimulation **does not** require prior authorization and is considered medically necessary for the treatment of overactive bladder in individuals 18 years of age and older.

2.0 Percutaneous nerve stimulation is considered experimental and investigational, and therefore not medically necessary for all other indications, including but not limited to, neurogenic bladder, fecal incontinence, constipation, chronic pelvic pain, and use in individuals less than 18 years of age.

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