January 2012

Dear Medical Director:

The American Urological Association has been advised by its membership that when an evaluation and management (E/M) service (99XXX) is being performed with 51798, Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging that the bladder ultrasound is being bundled into the E/M service or vice versa.

This is an inappropriate edit. The American Medical Association assigned a XXX modifier on the 51798 because it is considered a diagnostic radiological procedure and the global concept does not apply. This means that both of these services are separately identifiable, medically necessary and, therefore, each procedure should be reimbursed.

With any other radiological service with an XXX modifier, the E/M service is reimbursed separately from the diagnostic service. The American Urological Association has advised our membership that in the instance where the inappropriate edit bundled 51798 into the E/M service, although it should not be necessary, it is entirely acceptable to append a –25 modifier onto the E/M service.

The American Urological Association requests that this inappropriate edit be removed so that the urologists performing a sonographic post-voiding urine residual will be reimbursed appropriately and fairly according to CPT and coding protocol. The post-voiding residual urine test is a tool to diagnose problems of the bladder that cannot be established through only an evaluation and management service. Therefore, the E/M and 51798 should not be bundled and should be reimbursed separately.

In the case of an appeal, all other correspondence should be directed to the medical office requesting the review of the denied claim.

If you would like to discuss this issue on billing of E & M services with post voiding residual urine ultrasound further, please contact Stephanie N. Stinchcomb, Senior Manager of Reimbursement and Regulation at 866-746-4282, extension 3786.

Sincerely,

David Penson, MD, MPH
Chair, Health Policy Council