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Policy & Advocacy *BRIEF*

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Urodynamics Coding and Documentation Requirements

Urodynamic studies are used as a diagnostic tool to determine a specific type of urinary incontinence in both males and females. The diagnostic tests are performed on the bladder, urethra and urinary sphincter. The bladder is a two-phased organ: used for storage of urine and the subsequent emptying of the urine from the body. Urodynamic studies consist of many different tests performed in conjunction with one another to determine what type of urinary incontinence the patient has (stress, urge or a combination) and which treatment options are best for the patient's condition.

Current CPT Codes for Reporting Urodynamic Procedures:

Service Performed	Current CPT® Codes
Simple CMG	51725 <i>Simple cystometrogram (CMG) (eg, spinal manometer)</i>
Complex CMG	51726 <i>Complex cystometrogram (ie, calibrated electronic equipment)</i>
Complex CMG with urethral pressure profile studies	51727 <i>Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)</i>
Complex CMG with voiding pressure profile studies	51728 <i>Complex cystometrogram; with voiding pressure studies (ie, bladder voiding pressure), any technique</i>
Complex CMG with voiding pressure profile studies AND urethral pressure profile studies	51729 <i>Complex cystometrogram; with voiding pressure studies (ie, bladder voiding pressure) and urethral pressure profile studies (ie, urethral closure pressure profile), any technique</i>
Voiding pressure profile studies, intra-abdominal	+51797 <i>Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure) (add-on code to bill with 51728 OR 51729)</i>
Simple uroflowmetry	51736 <i>Simple uroflowmetry (UFR) (eg, stop watch flow rate, mechanical uroflowmeter) (add if performed)</i>
Complex uroflowmetry	51741 <i>Complex uroflowmetry (eg, calibrated electronic equipment) (add if performed)</i>
EMG of anal or urethral sphincter, other than needle	51784 <i>Electromography studies (EMG) of anal or urethral sphincter, other than needle, any technique (add if performed)</i>
Needle EMG	51785 <i>Needle electromyography studies (EMG) of anal or urethral spincter, any technique (add if performed)</i>
PVR	51798 <i>Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging (add if performed)</i>

What CPT codes would I report for a complete urodynamic study using calibrated equipment to fully assess the filling and emptying phases of the bladder and what does the documentation look like?

For a urodynamics using calibrated equipment, the following four CPT codes are reported:

- 51741 for complex uroflowmetry
- 51729 for complex cystometrogram, including measurement of urethral pressure and bladder voiding/flow pressure
- 51784 or 51785 for the EMG
- +51797 for the abdominal pressure, whether measured rectally or vaginally (This code is reported in addition to the base code 51728 or 51729.)

Urodynamics Documentation and Coding

In an effort to help understand the use of urodynamics testing in determining treatment options for urinary incontinence, this article provides specific CPT codes available to report components of urodynamics diagnostic studies and an example of the appropriate documentation to support reporting of CPT codes for the components of the testing are offered.

Urodynamics equipment is available through many vendors. In addition, some components, such as a flow study (CPT 51741) may be performed for a separate diagnostic reason, such as urinary retention or obstruction apart from urodynamics study, and can be determined by separate equipment.

Printouts from the electronic equipment are considered part of the documentation and should be included in the patient's medical chart in addition to the professional interpretation and supervision report.

Urodynamics Evaluation Documentation

Chief Complaint: Urinary incontinence

History of Present Illness: A 65 year old female complains of both urgency and loss of bladder control when she sneezes or coughs. She has failed to improve with dietary changes, pelvic exercises, and a trial of antimuscarinic medication. Urodynamic studies are performed to better understand why she is incontinent.

51741 *Complex uroflowmetry (eg, calibrated electronic equipment)*

Complex Urinary Flow Study: Using calibrated equipment, the maximum urinary flow rate was 9 cc per second with a voiding time of 40 seconds and a voided volume of 97 cc.

51798 *Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging*

PVR: By ultrasonic evaluation, residual urine was determined to be 30 cc.

51729 *Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure) and urethral pressure profile studies (ie, urethral closure pressure profile), any technique*

Cystometry: Using calibrated electronic equipment, cystometry was done with a medium fill rate of 50 cc per minute and simultaneous measurement of intraabdominal pressure using a rectal catheter and bladder pressure using a urethral catheter. The first sensation occurred at 59 cc at a detrusor pressure of 1 cm H₂O -and a strong desire to void occurred at 94 cc with a detrusor pressure of 4 cm H₂O. The patient was filled to a maximum capacity of 532 cc with a detrusor pressure of 5 cm H₂O.

Voiding detrusor pressure: The patient was instructed to void and voided with a detrusor pressure of approximately 10 cm of water. She voided with a sustained detrusor pressure. The maximum flow rate was 21 cc per second.

Urethral Pressure Profile: The maximum urethral pressure profile was 45 cm of water with a functional urethral length of 2.75 cm. At 200 cc, coughing was initiated. There was no demonstrable leak of urine at 117 cm of water with abdominal straining.

+51797 *Voiding pressure studies (VP); intra-abdominal voiding pressure (AP) (rectal, gastric, intraperitoneal)*

A voiding pressure study was completed and performed utilizing both bladder and rectal catheters for detrusor, vesical, and abdominal pressure measurement.

The pressure flow, according to the differential between the abdominal and bladder pressure, showed a maximum detrusor pressure of 30 cm of water with a maximum flow rate of 21 cc per second.

CPT code 51797 is an add-on code and can only be billed in conjunction with CPT code 51728 or 51729. If neither of these codes is reported, do not report 51797.

51784 *Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique*

Electromyography: Provocative maneuvers produced appropriate changes in waveforms. The EMG shows increased EMG activity with increased intra-abdominal pressure. There was a decrease in the EMG activity during voiding consistent with normal function of the pelvic floor.

Summary

Summary of test results are necessary to be included in the patient's medical chart to indicate the reasons for the incontinence.

Other Urodynamics Documentation

There are other CPT codes available that were not used in the scenario above. Examples of the documentation for using calibrated equipment is shown below:

51726 *Complex cystometrogram (eg, calibrated electronic equipment)*

Cystometry: Using calibrated electronic equipment, cystometry was done with a medium fill rate of 50 cc per minute and simultaneous measurement of intraabdominal pressure using a rectal catheter and bladder pressure using a urethral catheter. The first sensation occurred at 59 cc at a detrusor pressure of 1 cm H₂O -and a strong desire to void occurred at 94 cc with a detrusor pressure of 4 cm H₂O. The patient was filled to a maximum capacity of 532 cc with a

detrusor pressure of 5 cm H₂O. The patient was instructed to void and voided with a maximum detrusor pressure of approximately 10 cm of water.

CPT code 51726 is now the base code for CPT codes 51727, 51728 and 51729 below. If a CMG is performed alone, then CPT code 51726 is billed. CPT code 51727 combines the CMG and urethral pressure profile studies, CPT code 51728 combines the CMG and the bladder voiding pressure and CPT code 51729 combines the CMG, the urethral pressure profile studies and the bladder voiding pressure studies. These codes are not billed separately so careful attention must be paid to the documentation in order to bill the appropriate code.

51727 Complex cystometrogram (ie, calibrated electronic equipment); with urethral pressure profile studies (ie, urethral closure pressure profile), any technique

Cystometry: Using calibrated electronic equipment, cystometry was done with a medium fill rate of 50 cc per minute and simultaneous measurement of intraabdominal pressure using a rectal catheter and bladder pressure using a urethral catheter. The first sensation occurred at 59 cc at a detrusor pressure of 1 cm H₂O -and a strong desire to void occurred at 94 cc with a detrusor pressure of 4 cm H₂O. The patient was filled to a maximum capacity of 532 cc with a detrusor pressure of 5 cm H₂O.

Urethral Pressure Profile: The maximum urethral pressure profile was 45 cm of water with a functional urethral length of 2.75 cm. At 200 cc, coughing was initiated. There was no demonstrable leak of urine at 117 cm of water with abdominal straining.

51728 Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure), any technique

Cystometry: Using calibrated electronic equipment, cystometry was done with a medium fill rate of 50 cc per minute and simultaneous measurement of intraabdominal pressure using a rectal catheter and bladder pressure using a urethral catheter. The first sensation occurred at 59 cc at a detrusor pressure of 1 cm H₂O -and a strong desire to void occurred at 94 cc with a detrusor pressure of 4 cm H₂O. The patient was filled to a maximum capacity of 532 cc with a detrusor pressure of 5 cm H₂O.

Voiding detrusor pressure: The patient was instructed to void and voided with a maximum detrusor pressure of approximately 10 cm of water. She voided with a sustained detrusor pressure. The maximum flow rate was 21 cc per second.

51785 Needle electromyography studies (EMG) of anal or urethral sphincter, any technique (RVU 6.02)

Electromyography: Needles are placed in the pelvic floor muscles (external sphincter). The equipment demonstrates graphic recordings measuring EMG activity during a series of filling and voiding trials to evaluate pelvic floor activity. The EMG demonstrated pseudo-dyssynergia consistent with patterns noted in individuals with significant pelvic pain.

Catheterization codes are included in the urodynamics study and cannot be billed separately.

Documentation for Urodynamics Testing

A separate report and interpretation should be provided for each of the services performed as part of the urodynamics study. The CPT code describing the test(s) performed in the urodynamics study with the highest RVU should be reported first. List the CPT code next to the description of the procedure, e.g., Complex Uroflowmetry (51741). All other CPT codes should be reported with the -51 modifier appended (if required by carrier). Specifically, Medicare does not require a -51 modifier. Additionally, all printed components of the testing of urodynamics from the calibrated equipment, etc. should be included in the patient's chart as supporting documentation for the technical component of the urodynamics testing. The report should contain the printed results of each of the test – either summarized in the report, or as raw data (eg CMG curves or graphs). This will allow billing of the technical component. The report should include the results of the tests and the interpretation of the provider in order to bill the professional component of the CPT code by the provider who is billing for the services. If the technical component of the test is supervised by another practitioner, the technical component should be reported using the CPT codes with the TC modifier appended to the code.

According to the CPT Manual Introduction for Results, Testing, Interpretation, and Report:

Results are the technical component of a service. Testing leads to results; results lead to interpretation. Reports are the work product of the interpretation of tests results. Certain procedures or services described in CPT involve a technical component (eg, tests) which produce “results” (eg, data, images, slides). For clinical use, some of these results require interpretation. Some CPT descriptors specifically require interpretation and reporting to report that code.

Tips for Coding Urodynamic Studies:

- CPT code 51792 *Stimulus evoked response*

Although CPT code 51792 Stimulus evoked response (eg, measurement of bulbocavernosus reflex latency time) is listed in the CPT Manual within the Urodynamics section, this code should not be performed during urodynamics study. This procedure is performed for erectile dysfunction. The test involves stimulating the sacral reflex arch (S2 through S4) by applying some form of stimulus to the glans penis and measuring motor activity either in the pelvic floor or at the urethral sphincter.

It was brought to our attention that practices have been inappropriately billing this procedure during urodynamics; and more specifically with CPT code 51784 Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique. Do not report 51792 with 51784. The 51792 is not part of urodynamics study.

- Urodynamics codes have 0 global days.
- An E&M code should only be billed if a separate E&M service is provided (typically for a separate problem), and would require separate documentation. If so reported, modifier 25 should be added to this service
- Urodynamics can be performed by non-physician practitioners such as physician assistants, nurse, or medical technician. However, billing for these services requires direct supervision, which means that the billing physician must be present in the office when that individual performs the urodynamics or can be billed under the individual practitioners National Provider Identification Number (NPI).
- Reimbursement for flow studies includes both pre- and post-testing (eg just before and just after the cystometrogram) so you can only bill it once on the same day of service.
- Flow studies can be performed at other times and with other equipment than specific urodynamics equipment. For example, a flow study can be performed with the calibrated equipment used to evaluate bladder outlet obstruction in men.
- Do not bill separately for your interpretation of the test results or discussion of the test results with the patient. This is already being reimbursed under the professional component of the CPT code
- Urodynamics that are performed during the global period of another procedure would require a modifier 79 to designate an unrelated procedure or service performed by the same provider during the post-operative period. Typically, the ICD-10-CM code would be different than the code for the initial procedure. For example, you would use the code for urinary retention or urinary incontinence for the urodynamic studies if they were performed after a vaginal hysterectomy done for uterine prolapse.

Got a coding question? Contact the AUA at CodingHotline@AUAnet.org.

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