# 2015 Urodynamics Coding Quick Reference Guide



## \*Common Coding Scenarios (Billed Globally)

Urodynamics Testing with Urethral Pressure Profile AND Urine Voiding Pressure Studies

CPT® Code	Code Description	Physician In-Office Medicare Allowed Amount <sup>1,2</sup>
51729	Complex CMG w/ UPP/VLPP studies and Voiding Pressure studies	\$343.60
51741-51	Uroflowmetry	\$8.05
51784-51	Electromyography (EMG) Anal/Urinary Muscle Study	\$97.26
51797*	Intra-Abdominal Pressure Test	\$112.98
	TOTAL:	\$561.89

Urodynamics Testing with Urine Voiding Pressure Studies (No UPP)

CPT® Code	Code Description	Physician In-Office Medicare Allowed Amount <sup>1,2</sup>
51728	Complex Cystometrogram (CMG) w/ Voiding Pressure studies, any technique	\$317.14
51741-51	Uroflowmetry	\$8.05
51784-51	Electromyography (EMG) Anal/Urinary Muscle Study	\$97.26
51797*	Intra-Abdominal Pressure Test	\$112.98
	TOTAL:	\$535.43

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See last page for important information about the uses and limitations of this document.

See next page for list of codes that can be performed with rediCADDY®.

For additional information on reimbursements for specific codes visit:

http://www.cms.gov/apps/physician-fee-schedule/search/search-criteria.aspx

<sup>\*</sup>Code 51797 is an add-on code. Therefore, it can only be billed in conjunction with either 51728 or 51729 and does not require the -51 modifier.

## List of Urodynamics Codes that can be performed with rediCADDY®



#### **CPT Codes:**

### 51726 – Complex Cystometrogram (CMG) 51727 - Complex Cystometrogram (CMG) w/ **UPP/VLPP Studies** 51728 - Complex Cystometrogram (CMG) w/ Voiding Pressure studies, any technique 51729 - Complex CMG w/ UPP/VLPP studies and Voiding Pressure studies 51741 - Uroflowmetry51784 – Electromyography (EMG) **Anal/Urinary Muscle Study** 51797 – Intra-Abdominal Pressure Test 51798 – PVR (Post-Void Residual) 51701 - Insert Bladder Catheter 8100X- UA (Urine Analysis)

#### **ICD-10 Codes:**

R39.12	Poor Urinary Stream
R39.11	Hesitancy of Micturition
	Frequency of Micturition
R39.15	Urgency of Urination
R32	Unspecified Urinary Incontinence
N39.42	Incontinence w/o Sensory Awareness
N39.498	Other Specified Urinary Incontinence
	Nocturnal Enuresis
R39.81	<b>Functional Urinary Incontinence</b>
	Nocturia
N32.81	Overactive Bladder
N13.9	Obstructive & Reflux Uropathy, Unspecified
R39.16	Straining to Void
N40.1	Enlarged Prostate with LUTS
R39.19	Other difficulties with Micturition
N39.43	Post-void dribbling
N30.20	Other Chronic cystitis w/o Hematuria
R30.0	Dysuria
R30.9	Painful Micturition, Unspecified
N30.21	· •
R82.5	Elevated Urine Levels drugs, medicaments
	& biological substances
R82.99	Other abnormal findings in urine
N81.9	Female Genital Prolapse, Unspecified
N30.10	Interstitial Cystitis (chronic) w/o Hematuria
N30.11	Interstitial Cystitis (chronic) w/ Hematuria
N39.41	Urge Incontinence
N39.46	Mixed Incontinence
N39.3	Stress Incontinence (Female & Male)
N39.490	Overflow Incontinence
N39.45	Continuous Leakage
N36.42	<b>Intrinsic Sphincter Deficiency (ISD)</b>
N31.8	Other Neuromuscular Dysfunction of Bladder
	(Low Bladder Compliance)
N31.9	Neuromuscular Dysfunction of Bladder, Unspecified
N32.81	Overactive Bladder (Detrusor Overactivity)
N36.44	Muscular Disorders of Urethra
	(Detrusor Sphincter Dyssynergia)
N31.2	Flaccid Neuropathic Bladder, Not Elsewhere
	Classified (Atony of bladder)
N32.0	<b>Bladder Neck Obstruction</b>
R39.14	Feeling of Incomplete bladder emptying
R33.9	Retention of Urine, unspecified
R39.13	Splitting of Urinary Stream



\*Note: These common scenarios are not exclusive. A physician will determine what series of tests are considered medically necessary for each patient.

#### **ENDNOTES:**

<sup>1</sup>Department of Health and Human Services. Center for Medicare and Medicaid Services. CMS Physician Fee Schedule – <a href="http://www.cms.gov/apps/physician-fee-schedule/search/search-criteria.aspx">http://www.cms.gov/apps/physician-fee-schedule/search/search-criteria.aspx</a> Rates subject to change. <sup>2</sup> Allowed Amount" is the amount Medicare determines to be the maximum allowance for any Medicare covered procedure.

Actual payment will vary based on the maximum allowance less any applicable deductibles, co-insurance, etc.

This information is gathered from third party sources and is subject to change without notice. It is presented for illustrative purposes only and does not constitute reimbursement or legal advice. It is recommended you consult with reimbursement specialists and/or legal counsel regarding coding, charges, and modifiers prior to billing for services rendered.