

## Coding Corner

*By: Michael Ferragamo, MD, FACS*

### Changes in Urodynamic Coding

Urodynamics, UDS, has become a frequently performed diagnostic tool for urologists and urogynecologists for the investigation of the various forms of urinary incontinence. Since 2010 billing and coding for the several components of a complete UDS has changed considerably. This review will examine the new coding and billing for a complete and partial study and will enable one to ensure proper coding and accurate reimbursements.

We now bill 4 CPT codes instead of 6 CPT codes for a complete UDS study.

1. Code one of the following CPT codes according to what was performed: 51726, 51727, 51728, or 51729,
2. 51741-51 complex uroflow,
3. 51784-51 EMG,
4. 51797 rectal (abdominal) pressure

Several codes are now compound codes containing more than one urodynamic study:

51727 includes a complex cystometry, CMG + a urethral pressure profile, UPP, or a Valsalva leak point pressure, VLPP, 51728 includes a CMG and a voiding bladder pressure, VBP, 51729 includes a CMG + UPP or VLPP + VBP 51797 is an "add on" code that cannot be billed by itself or on its own but must be billed in conjunction with a primary code either 51728 or 51729.

Also code 4 CPT codes for a 5 UDS study including:

51728  
51741-51  
51784-51  
51797

If a patient is unable to void during the UDS study, do not code the following CPT codes: 51728 or 51729, 51741, 51797, and 74455, voiding cystourethrogram, VCU.

If video-urodynamics are performed, code in addition to the above CPT codes: 51600-51 for the instillation of intravesical contrast, 74455 for the VCU radiological studies, and if the patient is unable to void during the study, code CPT 74430, cystogram, three views, instead of 74455.

**New addition for 2015**

Do not code 51784 in conjunction with CPT code 51729, stimulus evoked response (eg. measurement of bulbocavernosus reflex latency time). The latter code is a quantitative study rarely used in a standard UDS for urinary incontinence.

**Urodynamics and Proper Documentation:**

Each urodynamic procedure must be documented by using the printed images and tracings as proof of the clinical services having been performed. A written report must outline the interpretation of each test, and documentation must include the medical necessity of each test, the ICD-10 diagnoses, and an explanation of the complexity of the problem requiring UDS. Technical components (-TC) should be reported including: placement of probes, transducers, and patches 51726-51729, 51797, 51784, responses: filling and sensations 51726 muscle activity EMG 51784, Flow rate 51741, bladder voiding pressure 51728 or 51729 VLPP 51727 or 51729

The above codes must be documented in the medical records by whoever is performing the technical UDS components, MD, RN, non-physician provider, NPP, or medical assistant, MA.

The provider of the professional services must also record in the medical records his/her interpretation of the data leading to a specific diagnosis. Both the technical and professional components of the UDS must be documented in the records as written reports in addition to the reports printed from the UDS equipment.