Advancing Female Pelvic Medicine and Reconstructive Surgery

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Coding for Urodynamic Procedures

Urodynamic testing is specialized testing of the bladder, urethra and pelvic floor function during urine storage and micturition. The testing utilizes small pressure measuring catheters to assess bladder (detrusor) pressure and compliance as well as urethral sphincter pressure and tone. Assessment of levator muscle function during the storage and micturition phases can also be assessed.

Current CPT Codes for Reporting Urodynamic Procedures:
CPT code 51726 Complex cystometrogram (i.e., calibrated electronic equipment)

CPT code 51727 Complex cystometrogram; with urethral pressure profile studies (i.e., urethral closure pressure profile), any technique

CPT code 51728 Complex cystometrogram; with voiding pressure studies (i.e., bladder voiding pressure), any technique

CPT code 51729 Complex cystometrogram; with voiding pressure studies (i.e., bladder voiding pressure) and urethral pressure profile studies (i.e., urethral closure pressure profile), any technique

CPT code +51797 Voiding pressure studies, intra-abdominal (i.e., rectal, gastric, intraperitoneal)
(List separately in addition to code for primary procedure)
(Use 51797 in conjunction with 51728 and 51729)
(CPT code 51772 has been deleted. To report urethral pressure profile studies, see 51727, 51729)
(CPT code 51795 has been deleted. To report bladder voiding pressure studies, see 51728, 51729)

Full urodynamic testing would result in reporting the following four CPT codes:

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

Last Updated by the AUGS Coding and Reimbursement Committee on January 2018

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CPT codes and RVU table from 2018 National Physician Fee Schedule:

CPT	Mod	Description	Total RVU Non-Facility	Total RVU Facility
51726		Complex Cystometrogram	7.59	NA
51726	TC	Complex Cystometrogram	5.13	NA
51726	26	Complex Cystometrogram	2.46	2.46
51727		Cystometrogram with UPP	8.93	NA
51727	TC	Cystometrogram with UPP	5.86	NA
51727	26	Cystometrogram with UPP	3.09	3.09
51728		Cystometrogram with Void pressure studies	9.10	NA
51728	TC	Cystometrogram with Void pressure studies	6.08	NA
51728	26	Cystometrogram with Void pressure studies	3.02	3.02
51729		Cystometrogram with Void pressure studies & UPP	9.77	NA
51729	TC	Cystometrogram with Void pressure studies & UPP	6.13	NA
51729	26	Cystometrogram with Void pressure studies & UPP	3.64	3.64
+51797		Voiding pressure study (intra-abdominal pressure)	3.24	NA
+51797	TC	Voiding pressure study (intra-abdominal pressure)	2.08	NA
+51797	26	Voiding pressure study (intra-abdominal pressure)	1.16	1.16
51741		Complex Electro-uroflowmetry	0.45	NA
51741	TC	Complex Electro-uroflowmetry	0.21	NA
51741	26	Complex Electro-uroflowmetry	0.24	0.24
51784		EMG Anal/urinary muscle study patch	1.98	NA
51784	TC	EMG Anal/urinary muscle study patch	.90	NA
51784	26	EMG Anal/urinary muscle study patch	1.08	1.08
51785		EMG Anal/urinary muscle study needle	7.86	NA

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51785	TC	EMG Anal/urinary muscle study needle	5.25	NA
51785	26	EMG Anal/urinary muscle study needle	2.61	2.61

TC – Technical component only

26 – Professional component only

Billing Tips:
Report the CPT code with the highest RVU first. In most cases, this will be either 51729, 51728, 51727, or 51726.

All other codes are reported with the -51-modifier appended, to designate additional procedures.

Typically, this would be attached to a complex uroflowmetry study done at the same time e.g. 51741-51.

Add on codes, such as 51797, do not need a modifier (e.g. -51 or -59), since by definition they are only billed "added on" to another procedure.

Urodynamic 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.

Post void residual is also bundled into the procedure and cannot be billed separately.

Documentation:
A separate report and interpretation should be provided for each of the services that are performed. It sometimes useful to list the CPT code next to the description of the procedure, e.g. Complex Uroflowmetry (51741). The report should contain the printed results of each of the test – either summarized in the report, or as raw data (e.g. CMG curves or graphs). The report should also include the professional interpretation of the results by the provider who is billing for the services.

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Coding Pitfalls:

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.

51792 describes a stimulus evoked response, or measurement of bulbocavernosus reflex latency time. This is a procedure that most typically is performed for erectile dysfunction, and should not be billed at the time of urodynamic studies.

Reimbursement for flow studies includes both pre- and post-testing (e.g. just before and just after the cystometrogram) so you can only bill it once on the same day of service.

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. If discussion of a separate diagnosis or unrelated medical decisions are being performed in the same visit, you may bill for the appropriate E&M code with that separate diagnosis.

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 code would be different than the code for the initial procedure. For example, you would use the code for urinary retention or urinary incontinence to code for the urodynamic studies performed for these indications if they were performed after a vaginal hysterectomy done for uterine prolapse.

References:

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