Coding for Urethral Bulking

Urethral bulking is an FDA approved therapy to treat adult female stress urinary incontinence due to intrinsic sphincter deficiency (ISD- N36.42). The procedure can be described as an injection of the bulking material either transurethrally or periurethrally. The bulking agent is injected into the submucosal tissue of the urethra and/or bladder neck. The injection is continued until appropriate coaptation of the urethra is visualized on cystoscopy.

Urethral bulking is a covered benefit for the treatment of urinary incontinence in patients who meet specific criteria.

In female patients, the evaluation must include a complete history and physical examination (including a pelvic exam) and a simple cystometrogram to rule out abnormalities of bladder compliance and abnormalities of urethral support.

Current CPT Codes for Reporting Urethral injections therapy:

51715  Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder
L8606  Synthetic implant 1

ICD-10 codes

N36.42  Intrinsic sphincteric deficiency

Providers should also bill the appropriate charges of the bulking material (L8606 synthetic implant 1 ml). The bulking material is charged by each injected ml.

The current RVU units is 9.07 with the Medicare National Allowed Amount ($327). The HCPCS code for L8606 has no RVU associated and the Medicare National Allowed Amount of ($186 – 248 per ml). If the procedure is done in an outpatient setting (51715, site of service 22), the RVU’s are valued at 5.76. The outpatient procedure has a Facility Coding of APC 0168 and the Medicare National Allowed Amount of ($2535.72). The charges at an ASC (51715, site of service 24), the RVU’s are valued at 5.76. The payment to an ambulatory surgical center is a Medicare National Allowed Amount of ($1400.62).
CPT codes and RVU Table from 2019 National Physician Fee Schedule:

<table>
<thead>
<tr>
<th>CPT</th>
<th>Description</th>
<th>Total RVU Non-Facility</th>
<th>Total RVU Facility</th>
<th>DME Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>51715</td>
<td>Endoscopic injection of implant urethra</td>
<td>9.07</td>
<td>5.76</td>
<td></td>
</tr>
<tr>
<td>HCPCS</td>
<td>L8606 Synthetic implant material 1 ml</td>
<td>NA</td>
<td>NA</td>
<td>$ 187.78-250.38</td>
</tr>
</tbody>
</table>

Billing Tips:
Bill for the number of syringes used of the injection material. If 2 syringes are utilized, L8606 would be billed as 2 units.

Injection 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.

Documentation:
Documentation in the chart needs to include the complete history and physical examination, including the pelvic exam. Assessment of urethral mobility should also be documented. The results of a simple cystometrogram or appropriate urodynamic testing should also be documented. Leak point pressure or urethral closure pressure should be included.

The procedure documentation should include the material injected, amount and location it was injected and route, transurethral or periurethral. The details of anesthetic should be documented. Post procedure void may be documented.

The same should be recorded for subsequent documentation, and additionally response to the prior injections needs to be recorded.

References:
- CPT is a registered trademark of the American Medical Association, Copyright 2019
- 2018 Medicare Physician Fee Schedule: [https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/index.html](https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/index.html)