

### GuidePoint

Simplifying Reimbursement

Urology and Women's Health

#### CODING

- Physician allowances for secondary procedures, when applicable, have been reduced by 50% based on Medicare's *Multiple Procedure Payment Reductions* policy. The voiding pressure study code (51797) will be paid at 100% as an "add-on" code.
- Payer policies will vary and should be verified prior to treatment for limitations on diagnosis, coding or site of service requirements. The coding options listed within this guide are commonly used codes and are not intended to be an all-inclusive list. We recommend consulting your relevant manuals for appropriate coding options.
- The following codes are thought to be relevant to urodynamics and are referenced throughout this guide.

CPT® Code	Code Description
51725	Simple cystometrogram (CMG) (ie, spinal manometer)
51726	Complex cystometrogram (ie, calibrated electronic equipment)
51727	Complex cystometrogram (ie, calibrated electronic equipment); with urethral pressure studies (ie, urethral closure pressure profile), any technique
51728	Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure), any technique
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
51736	Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanical uroflowmeter)
51741	Complex uroflowmetry (eg, calibrated electronic equipment)
51784	Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique
51785	Needle electromyography studies (EMG) of anal or urethral sphincter, any technique
51792	Stimulus evoked response (eg, measurement of bulbocavernosus reflex latency time)
51797	Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)
51798	Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging

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### PHYSICIAN RELATIVE VALUE UNITS (RVUs)

- Physician Relative Value Units (RVUs) are based on the Medicare 2014 Physician Fee Schedule effective January 1, 2014.

CPT® Code	Facility Based				Office Based			
	Work RVU	Practice RVU	Malpractice RVU	Total RVUs	Work RVU	Practice RVU	Malpractice RVU	Total RVUs
51725	1.51	NA	0.12	See Note	1.51	3.59	0.12	5.22
51726	1.71	NA	0.16	See Note	1.71	5.48	0.16	7.35
51727	2.11	NA	0.22	See Note	2.11	6.43	0.22	8.76
51728	2.11	NA	0.18	See Note	2.11	6.49	0.18	8.78
51729	2.51	NA	0.24	See Note	2.51	6.78	0.24	9.53
51736	0.17	NA	0.02	See Note	0.17	0.24	0.02	0.43
51741	0.17	NA	0.02	See Note	0.17	0.25	0.02	0.44
51784	1.53	NA	0.12	See Note	1.53	3.71	0.12	5.36
51785	1.53	NA	0.12	See Note	1.53	5.52	0.12	7.17
51792	1.10	NA	0.11	See Note	1.10	4.67	0.11	5.88
51797	0.80	NA	0.06	See Note	0.80	2.25	0.06	3.11
51798	0.00	NA	0.01	See Note	0.00	0.52	0.01	0.53

**Note:** There are no current Medicare valuations for facility based Urodynamics

### URODYNAMICS CODING AND MEDICARE NATIONAL AVERAGE REIMBURSEMENT:

- The table below contains relevant CPT® Codes and 2014 Medicare Physician National Average Allowances for urodynamics testing services:

CPT® Code	Code Description	Physician In-Office Medicare Allowed Amount <sup>1,2</sup>
51725	Simple cystometrogram (CMG) (ie, spinal manometer)	\$187
51726	Complex cystometrogram (ie, calibrated electronic equipment)	\$263
51727	Complex cystometrogram (ie, calibrated electronic equipment); with urethral pressure studies (ie, urethral closure pressure profile), any technique	\$314
51728	Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure), any technique	\$315
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	\$341
51736	Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanical uroflowmeter)	\$15
51741	Complex uroflowmetry (eg, calibrated electronic equipment)	\$16
51784	Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique	\$192
51785	Needle electromyography studies (EMG) of anal or urethral sphincter, any technique	\$257
51792	Stimulus evoked response (eg, measurement of bulbocavernosus reflex latency time)	\$211
51797	Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)	\$111
51798	Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging	\$19

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# Urodynamics

## 2014 Coding and Quick Reference Guide for Physicians

### \*A Common CODING SCENARIO:

#### 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 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	\$341
51741	Complex uroflowmetry (eg, calibrated electronic equipment)	\$8**
51784	Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique	\$96**
51797	Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)	\$111
TOTAL:		\$556

### \*A Common “TECHNICAL COMPONENT” CODING SCENARIO:

#### Urodynamics Testing with Urethral Pressure Profile AND Urine Voiding Pressure Studies

CPT® Code	Modifier <sup>3</sup>	Code Description	Physician In-Office Medicare Allowed Amount <sup>1,2</sup>
51729	TC	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	\$211
51741	TC	Complex uroflowmetry (eg, calibrated electronic equipment)	\$4**
51784	TC	Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique	\$57**
51797	TC	Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)	\$71
TOTAL:			\$343

\*Note: While this coding profile represents a common scenario, it is not exclusive. Other scenarios will occur based on the array of testing deemed medically necessary by the physician.

\*\*Note: Medicare's Multiple Surgery Procedure Payment Reductions have been applied. Per CMS Change Request CR7112, dated October 2010, codes with "TC" modifier are also subject to this policy.

#### ENDNOTES:

<sup>1</sup> Department of Health and Human Services. Center for Medicare and Medicaid Services. CMS Physician Fee Schedule – December 27, 2013 revised release, RVU14A file. <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files-Items/RVU14A.html?DLPage=1&DLSort=0&DLSortDir=descending>. The 2014 National Average Medicare physician payment rates have been calculated using a 2014 conversion factor of \$35.8228 which reflects the 0.5 percent update for January 1, 2014 through March 31, 2014, as adopted by section 101 of the Pathway for the SGR Reform Act of 2013. 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.

<sup>3</sup> The hospital outpatient payment rates are 2014 Medicare national averages. Source: November 27, 2013 Federal Register, CMS-1601-FC.

<sup>4</sup> The ASC payments rates are 2014 Medicare national averages. ASC rates are from the 2014 Ambulatory Surgical Center Covered Procedures List – Addendum AA. Source: November 27, 2013 Federal Register, CMS-1601-FC.

#### Sequestration

Rates referenced in these guides do not reflect Sequestration; automatic reductions in federal spending that will result in a 2% across-the-board reduction to ALL Medicare rates as of January 1, 2014.

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