**Women’s Preventive Services Initiative (WPSI)**

**Screening for Urinary Incontinence**

**Clinical Recommendations:** The Women’s Preventive Services Initiative recommends screening women for urinary incontinence annually. Screening should ideally assess whether women experience urinary incontinence and whether it impacts their activities and quality of life. The Women’s Preventive Services Initiative recommends referring women for further evaluation and treatment if indicated.

**Implementation Considerations:** The Women’s Preventive Services Initiative recommends screening women for urinary incontinence as a preventive service. Factors associated with an increased risk for urinary incontinence include increasing parity, advancing age, and obesity; however, these factors should not be used to limit screening.

Several screening tools demonstrate fair to high accuracy in identifying urinary incontinence in women. Although minimum screening intervals are unknown, given the prevalence of urinary incontinence, the fact that many women do not volunteer symptoms, and the multiple, frequently changing risk factors associated with incontinence, it is reasonable to conduct annually.

The Women’s Preventive Services Initiative recommends screening women for urinary incontinence annually. This screening could be performed during annual well-women examinations and billed with preventive services codes.

The Women’s Preventive Services Initiative recommends referring women for further evaluation and treatment if indicated. In patients with both symptoms and physical findings of stress urinary incontinence (SUI)/prolapse, urgency urinary incontinence (UUI), mixed incontinence, or lower urinary tract symptoms (LUTS), management and treatment of the conditions can be performed using various methodologies.

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**DIAGNOSIS CODES**

**NON-MEDICARE PAYERS**

- **N39.3** Stress incontinence (female) (male)
- **N39.41** Urge incontinence
- **N39.42** Incontinence without sensory awareness
- **N39.43** Post-void dribbling
- **N39.44** Nocturnal enuresis
- **N39.45** Continuous leakage
Urinary Incontinence Following Delivery: For urinary incontinence following delivery, the correct coding depends on the way the urinary incontinence was documented. If provider's records say “urinary incontinence due to pregnancy,” then code O26.89- Other specified pregnancy related conditions, should be applied with code R32, Unspecified urinary incontinence.

If documentation does not state that urinary incontinence was caused by pregnancy, then codes O99.89, Other specified diseases and conditions complicating pregnancy, childbirth and puerperium, and R32, should be applied.

Postpartum urinary incontinence may be caused by urinary tract infection. The following codes from category O86.2-, Urinary tract infection following delivery, may be applied:

- O86.20 Urinary tract infection following delivery, unspecified
- O86.21 Infection of kidney following delivery
- O86.22 Infection of bladder following delivery
- O86.29 Other urinary tract infection following delivery

Use additional code B95-B97 to identify infectious agent (if known).

CURRENT PROCEDURAL TERMINOLOGY (CPT) CODES

- 51725 Simple cystometrogram (CMG) (eg, spinal manometer)
- 51726 Complex cystometrogram (ie, calibrated electronic equipment)
- 51727 Complex cystometrogram (ie, calibrated electronic equipment); with urethral pressure profile 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
- +51797 Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)
RECOMMENDATION CODING

51736 Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanical uroflowmeter)
51741 Complex uroflowmetry (ie, 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
51798 Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, nonimaging

Please note that all listed above codes include two components:

- A professional component
- AND
- A technical component

Together, these two components comprise the total service.

PROFESSIONAL COMPONENT

The professional component includes that portion of the test that is provided by the physician:

- The supervision of the test (if any)
- The interpretation
- The written report

TECHNICAL COMPONENT

The technical component includes costs associated with:

- The technician salary/benefits (if any)
- The equipment
- Any necessary supplies

CATEGORY II CODES

These codes are used to collect information about the quality of care being provided, using nationally established performance measures. They are alphanumeric, with four numbers followed by letter “F.” Category II codes are updated biannually in January and July. The use of these codes is optional. They may not be used as a substitute for Category I codes and are not required for correct coding.
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>0509F</td>
<td>Urinary incontinence plan of care documented (GER)</td>
</tr>
<tr>
<td>1090F</td>
<td>Presence or absence of urinary incontinence (GER)</td>
</tr>
<tr>
<td>1091F</td>
<td>Urinary incontinence characterized (e.g., frequency, volume, timing, type of symptoms, how bothersome) (GER)</td>
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