Women’s Preventive Services Initiative (WPSI) 2020 Coding Guide
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.

**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
Screening for Urinary Incontinence

| N39.46   | Mixed incontinence            |
| N39.490  | Overflow incontinence         |
| N39.491  | Coital incontinence           |
| N39.492  | Postural (urinary) incontinence|
| N39.498  | Other specified urinary incontinence |
| N36.42   | Intrinsic sphincter deficiency (ISD) |
| O90.89   | Other complications of puerperium, not elsewhere classified |

**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 **O26.892, 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
- **O86.20** Other urinary tract infection following delivery

Use additional code **B95-97** 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.

MANAGEMENT OF URINARY INCONTINENCE CATEGORY II CODES
- 0509F  Urinary incontinence plan of care documented
- 1090F  Presence or absence of urinary incontinence
HCPCS LEVEL II PROCEDURE AND SUPPLY CODES
These codes are used to report services not covered by CPT codes, such as durable medical equipment (DME) and supplies. The Centers for Medicare and Medicaid Services updates these codes annually. Level II codes must be used for services reported to Medicare and Medicaid. Other payers may or may not recognize Level II codes for reimbursement. It is advisable to check with specific payers regarding their billing and reimbursement policies.

G8060    Patient documented for the assessment of urinary incontinence