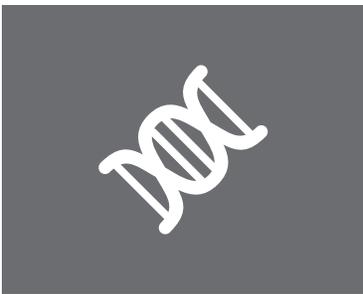
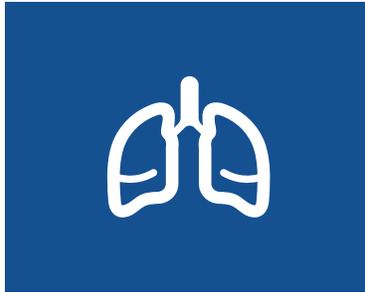




Women's Preventive Services Initiative (WPSI) 2020 Coding Guide

Screening for Urinary Incontinence



RECOMMENDATION CODING

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.

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

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

