

Policy Name:	Urodynamics
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Effective: July 1, 2007

Description: Medica reimburses for urodynamics only when one of the diagnosis codes listed below are included on a claim.

CPT/HCPCS Codes:

51725	Simple cystometrogram (CMG) (eg, spinal manometer)
51726	Complex cystometrogram (eg, calibrated electronic equipment)
51736	Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanical uroflowmeter)
51741	Complex uroflowmetry (eg, calibrated electronic equipment)
51772	Urethral pressure profile studies (UPP) (urethral closure pressure profile), any technique
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 bulbocavernous reflex latency time)
51795	Voiding pressure studies (VP); bladder voiding pressure, any technique
51797	intra-abdominal voiding pressure (AP) (rectal, gastric, intraperitoneal)
51798	Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging

Covered ICD-9 Diagnoses Codes:

016.30	596.0	741.90	806.15	952.9
045.90	596.4	741.91	806.16	958.5
045.91	596.51	741.92	806.17	
045.92	596.52	741.93	806.18	
045.93	596.53	742.9	806.19	
094.0	596.54	753.20	806.20	
094.1	596.55	753.21	806.21	
094.2	596.59	753.22	806.22	
094.81	596.8	753.23	806.23	
094.82	598.00	753.29	806.24	
094.83	598.01	753.6	806.25	
094.84	598.1	753.8	806.26	
094.85	598.2	787.6	806.27	
094.86	598.8	788.0	806.28	
094.87	598.9	780.72	806.29	
094.89	599.1	788.1	806.30	
094.9	599.2	788.20	806.31	
185	599.5	788.21	806.32	
192.2	599.60	788.29	806.33	
192.3	599.69	788.30	806.34	
198.82	599.81	788.31	806.35	
222.2	599.82	788.32	806.36	
225.3	599.83	788.33	806.37	
236.5	599.84	788.34	806.38	
239.4	599.89	788.35	806.39	
249.40	600.00	788.36	806.4	
249.41	600.01	788.37	806.5	
249.60	600.10	788.38	806.60	
249.61	600.11	788.39	806.61	
239.5	600.20	788.41	806.62	

250.40	600.21	788.42	806.69	
250.41	600.90	788.43	806.70	
250.42	600.91	788.5	806.71	
250.43	602.8	788.61	806.72	
250.60	618.00	788.62	806.79	
250.61	618.01	788.63	952.00	
250.62	618.02	788.64	952.01	
250.63	618.03	788.65	952.02	
306.53	618.04	788.69	952.03	
307.6	618.05	788.7	952.04	
335.20	618.09	788.8	952.05	
340	618.1	788.9	952.06	
344.00	618.2	788.91	952.07	
344.01	618.3	788.99	952.08	
344.02	618.4	806.00	952.09	
344.03	619.0	806.01	952.10	
344.04	625.70	806.02	952.11	
344.09	625.71	806.03	952.12	
344.1	625.79	806.04	952.13	
344.61	625.6	806.05	952.14	
356.9	723.0	806.06	952.15	
591	724.00	806.07	952.16	
593.70	724.01	806.08	952.17	
593.71	724.02	806.09	952.18	
593.72	724.09	806.10	952.19	
593.73	741.00	806.11	952.2	
595.1	741.01	806.12	952.3	
595.2	741.02	806.13	952.4	
595.82	741.03	806.14	952.8	

References and Resources:

1. American Medical Association, Current Procedural Terminology (CPT) Book - Professional Edition
2. ICD-9-CM-Expert Edition
3. Center for Medicare and Medicaid Service's local coverage determinations
4. Information received from various specialty societies

Revision

1/1/2008: CPT code 51797 an add-on code and is to be listed in addition to the code for the primary procedure

10/01/08: Added new DX codes: 249.40, 249.41, 249.60, 249.61, 625.70, 625.71, 625.79, 780.72, 788.91, 788.99