Laborie

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USA Reimbursement for Pelvic Floor Rehabilitation

Webinar Handouts

Mark N. Painter, BA, CPMA
PRS Network

Identify your role (check all that apply)

- Coding and Billing
- Administrators of UR practices
- Physical therapists
- Advanced Practice Practitioners
- Nurses or other

Moderator

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Reimbursement for Pelvic Floor Rehabilitation

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Expert Presenter: Mark N. Painter, BA, CPMA

- Mark N. Painter is a managing Partner of PRS Consulting, LLC, the CEO of PRS, LLC and the Vice President of Coding and Reimbursement Information for Physician Reimbursement Systems, Inc. (PRS).
- Since co-founding PRS in 1989, Mr. Painter has served as the primary coding resource for the PRS products. Mark has assisted several Medical practices with coding, scheduling and Management issues.
- He has lectured to a variety of medical specialty groups concerned with health care reimbursement.
- He has served as an expert to legal counsel, National Medical Associations, biomedical, device and pharmaceutical companies.

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Disclaimer

This presentation is for informational purposes only and is not legal advice or official guidance from payors. It is not intended to increase or maximize reimbursement by any payor. Hospitals and physicians are solely responsible for being in compliance with Medicare and other payor rules and requirements for the information submitted with all claims and appeals. Laborie does not warrant or guarantee that the use of this information will result in coverage or payment for procedures where Laborie are used. Before any claims or appeals are submitted, hospitals and physicians should review official payor instructions and requirements, should confirm the accuracy of their coding or billing practices with these payors and should use independent judgment when selecting codes that most appropriately describe the services or supplies provided to a patient. CPT five-digit numeric codes, descriptions, and numeric modifiers are

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Learning Objectives

- Documentation for the pelvic floor rehab (PFR) patient journey ranging including biofeedback, e-stimulation and PF re-education
- Review of Medicare codes that will be available as hand-outs
- Insights from Expert Presenter covering items such as NCDs, LCDs, bundling rules, descriptions and prior authorizations
- Q&A

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Scenario

- 55 yr old female with loss of urine when cough, sneeze, laugh or strain
- Began after 4th delivery and has become progressively worse
- Abdomen no abnormalities, Pelvic exam mild Prolapse, no rectocele or cystocele, muscle tone average, sensation normal.
- UA today is normal
- PVR via Ultrasound no residual
- Plan: UDS, Cysto would like to avoid Rx and consider PFMT or biofeedback. Will develop plan based on test results.

Incontinence - Stress
Level 4

Problem (PP)	Data (D)	Risk (R)
Level 4	**Level 3**	**Level 4**
Chronic w/ exacerbation	-UA Reviewed -Ultrasound results reviewed	Major surgery w/o risk

Documentation Guidance

PP - severity and progression of disease
D - relevant data reviewed, values and related decision; data ordered
R - procedures planned and risk involved

⬇ Level 3	Level 5 ⬆
R - No surgery discussed or planned	None

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Urodynamics Testing

Report Only 1

- 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

Urodynamics Testing w/ Video

- 51741 Complex uroflowmetry (eg., calibrated electronic equipment)
  - Increasingly bundled with other tests
  - Medically Necessity documented, pre UDS
- 51784 Electromyography studies (EMG) of anal or ureteral sphincter, other than needle, any technique
  - Limited frequency per lifetime.
- 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
  - May be bundled or denied due to medical necessity

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Urodynamics Testing

- 74455 Urethrocystography, voiding, radiological supervision and interpretation
- 51600 Injection procedure for cystography or voiding urethrocystography

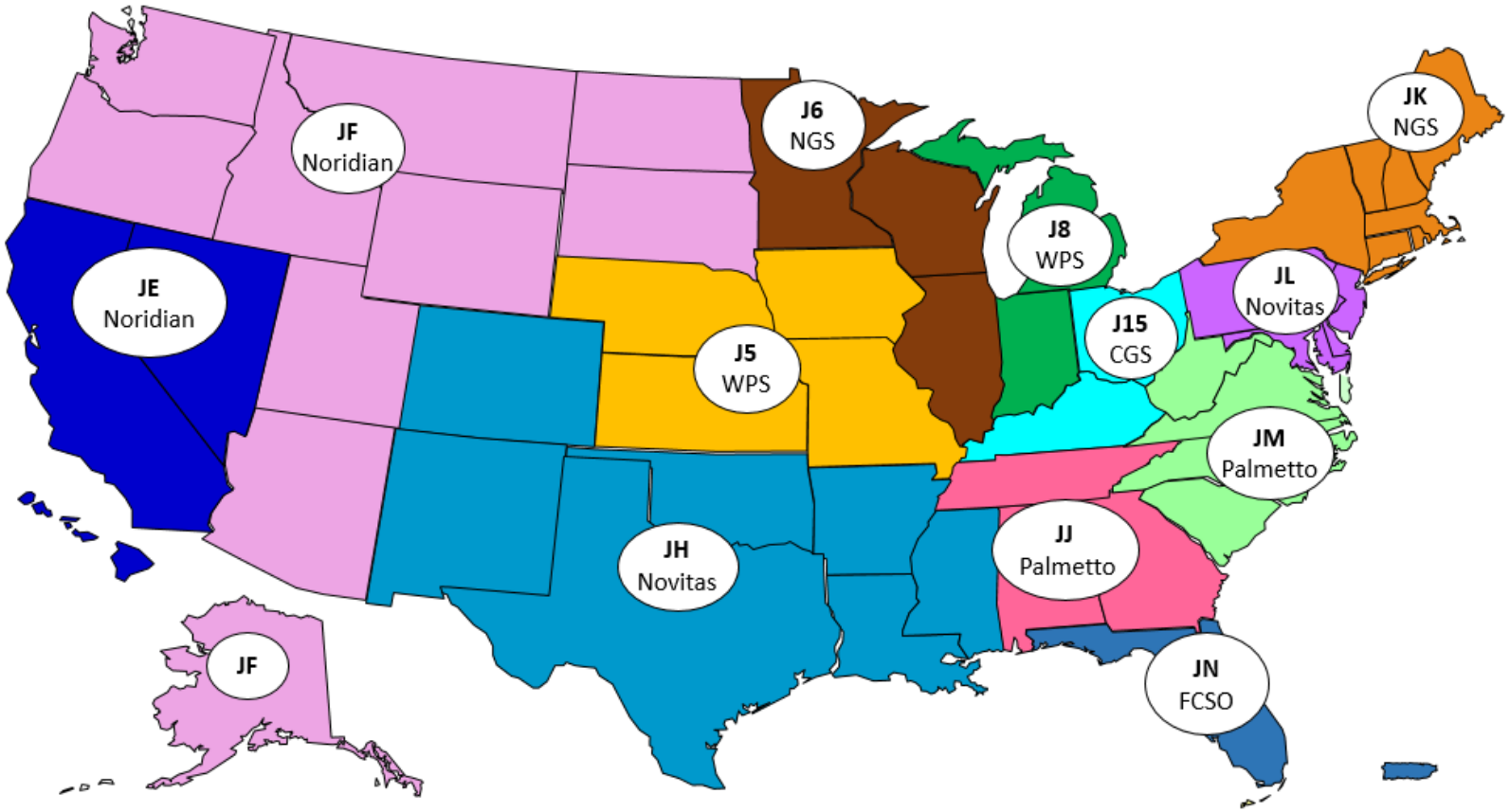
Other Diagnostic Tests

- 91122 Anorectal manometry
  - Medical necessity documentation is key
  - Limited allowed frequency by Medicare and others

LCDS, NCDs, LCAs etc.

- Local Coverage Article (LCA)
  - Coding instructions included in these articles
  - Most LCDs will have an associated LCA
  - LCA can be issued without an LCD
  - Does not require comment period
  - Can be issued for an NCD without supporting LCD

A/B MAC Jurisdictions
as of June 2021



LCDS, NCDs, LCAs etc.

- National Coverage Decision (NCD)
  - Issued by CMS applies to all Medicare Administrative Contractors (MAC) Noridian, WPS, NGS, CGS, Novitas, Palmetto, First Coast
- Local Coverage Decision (LCD)
  - Applies to states listed
  - Can be adopted by other carriers
  - Cannot be more restrictive that NCD
  - Cannot conflict with Carrier Manual
  - Must be issued as draft with comment period
  - Comments must be answered
  - Panels of physicians for each state are consulted

NCD - Non-Implantable Pelvic Floor Electrical Stimulator (230.8)

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

Tracking Information

Publication Number

100-3

Manual Section Number

230.8

Manual Section Title

Non-Implantable PELVIC FLOOR Electrical Stimulator

Version Number

2

Effective Date of this Version

06/19/2006

Implementation Date

06/19/2006

For Complete NCD go to https://www.cms.gov/medicare-coverage-database/search.aspx

Description Information

Benefit Category

Durable Medical Equipment

Please Note: This may not be an exhaustive list of all applicable Medicare benefit categories for this item or service.

Item/Service Description

CIM 60-24

Non-implantable PELVIC FLOOR electrical stimulators provide neuromuscular electrical stimulation through the PELVIC FLOOR with the intent of strengthening and exercising PELVIC FLOOR musculature. Stimulation is generally delivered by vaginal or anal probes connected to an external pulse generator.

The methods of PELVIC FLOOR electrical stimulation vary in location, stimulus frequency (Hz), stimulus intensity or amplitude (mA), pulse duration (duty cycle), treatments per day, number of treatment days per week, length of time for each treatment session, overall time period for device use and between clinic and home settings. In general, the stimulus frequency and other parameters are chosen based on the patient's clinical diagnosis.

Indications and Limitations of Coverage

PELVIC FLOOR electrical stimulation with a non-implantable stimulator is covered for the treatment of stress and/or

urge urinary incontinence in cognitively intact patients who have failed a documented trial of pelvic muscle exercise (PME) training.

A failed trial of PME training is defined as no clinically significant improvement in urinary continence after completing 4 weeks of an ordered plan of pelvic muscle exercises designed to increase periurethral muscle strength.

Article - Billing and Coding: Pelvic Floor Dysfunction: Anorectal Manometry and EMG (A57595)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	05101 - MAC A	J - 05	Iowa
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	05102 - MAC B	J - 05	Iowa
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	05201 - MAC A	J - 05	Kansas
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	05202 - MAC B	J - 05	Kansas
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	05301 - MAC A	J - 05	Missouri - Entire State
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	05302 - MAC B	J - 05	Missouri - Entire State

For Complete LCD go to https://www.cms.gov/medicare-coverage-database/search.aspx

Article Guidance

Article Text

The billing and coding information in this article is dependent on the coverage indications, limitations and/or medical necessity described in the related LCD.

A complete history and physical containing the following minimum requirements must be in the medical record: complete history to include the following areas- duration and characteristics of the urinary or fecal incontinence, frequency, timing and amount of continent voids and incontinent episodes, precipitants of incontinence, other urinary symptoms, bowel habits, daily fluid intake, alteration in sexual function due to urinary or fecal incontinence, amount and type of perineal pads or protective devices, previous treatments for urinary or fecal incontinence and the effects of that treatment on the incontinence; neurological exam; physical exam of the patient that is usually guided by the history and reason for being seen. This could include a pelvic exam in women to assess for skin condition, genital atrophy, pelvic organ prolapse, pelvic masses, paravaginal muscle tone and any other abnormalities; abdominal exam, genital exam in men, rectal exam to assess perineal sensation, resting and active sphincter tone, fecal impaction, presence of masses and in men, the consistency and contour of the prostate; past surgeries and pregnancy history in females.

Utilization Guidelines

Anorectal Manometry and PELVIC FLOOR Electromyography are diagnostic tests and should **not** be performed on a routine basis. Medicare would **not** expect to see an Anorectal Manometry billed when the physician is trying to evaluate urinary incontinence. Medicare would **not** expect these tests to be billed more than **twice** in a lifetime.

The CPT Codes for Anorectal Manometry and PELVIC FLOOR Electromyography are diagnostic. They are not a medically necessary part of physical therapy, rehabilitation, biofeedback, or exercise program treatment plans.

For Complete LCD go to https://www.cms.gov/medicare-coverage-database/search.aspx

ICD-10-CM Codes that Support Medical Necessity

Group 1 Paragraph:

For use with CPT codes 51784 and 51785

CODE	DESCRIPTION
N30.10	Interstitial cystitis (chronic) without hematuria
N30.11	Interstitial cystitis (chronic) with hematuria
N31.0	Uninhibited neuropathic bladder, not elsewhere classified
N31.1	Reflex neuropathic bladder, not elsewhere classified
N31.2	Flaccid neuropathic bladder, not elsewhere classified
N31.8	Other neuromuscular dysfunction of bladder
N36.42	Intrinsic sphincter deficiency (ISD)
N36.43	Combined hypermobility of urethra and intrinsic sphincter deficiency
N36.44	Muscular disorders of urethra
N36.8	Other specified disorders of urethra
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

For Complete LCD go to https://www.cms.gov/medicare-coverage-database/search.aspx

BIOFEEDBACK

- Primary Codes
  - 90912 Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient
  - 90913 Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (List separately in addition to code for primary procedure)
- Requirements for Qualifying patient must be met ie. failed 4 weeks of PME, number of sessions may be limited

- When BIOFEEDBACK training is provided, the most appropriate BIOFEEDBACK code (90901 or 90912 or 90913) should be billed. Similarly, separate billing for concurrently applied modalities and/or procedures during BIOFEEDBACK training is not appropriate. For example, a therapist may provide a combination of neuromuscular electrical stimulation (NMES), BIOFEEDBACK, and therapeutic exercises during the same 15 minutes to treat a patient with urinary incontinence. In these instances, the therapeutic exercises and the NMES are considered to be a component of the BIOFEEDBACK training and should not be billed separately. Providers should only bill the appropriate BIOFEEDBACK training code for these combined services.

Noridian Article - Billing and Coding: Outpatient Therapy Biofeedback Training (A52755)

Modality Coding with Biofeedback

- 97032 Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes
- 97750 Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report, each 15 minutes

Must be provided separate from Biofeedback to reported.

Related Coding Considerations

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Modifier -25

- ***"Significant, separately identifiable*** E/M service by the same physician on the day of the procedure."
  1. "Significant"
  2. "Separately Identifiable"

- ***Different diagnoses not required for reporting of the E/M services on the same date***

- *Same physician - same specialty and billing #

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Incident To

Under Direct Supervision “Medicare pays for services and supplies (including drug and biologicals which are not usually self-administered) that are furnished incident to a physician’s or other practitioner’s services, are commonly included in the physician’s or practitioner’s bills, and for which payment is not made under a separate benefit category…”

Incident To

"Direct supervision in the office setting does not mean that the physician must be present in the same room with his or her aide. However, the physician must be present in the office suite and immediately available to provide assistance and direction throughout the time the aide is performing services."

Q and A

Type your questions in the question box

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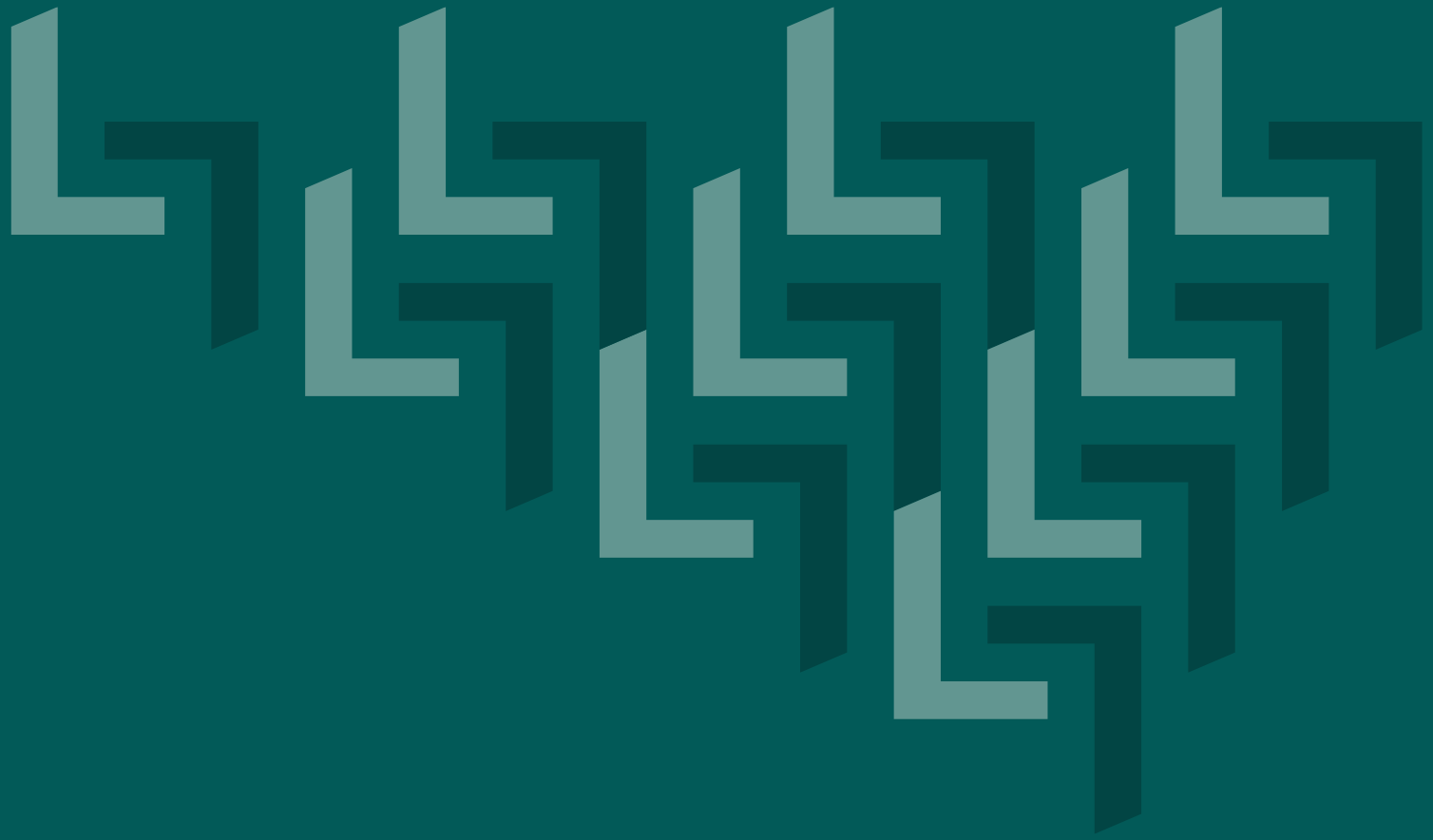

Thank you