

Internal Medicine Coding Alert

Reader Question: Use 87086 and 87088 for Urine Culture

Question: The internist obtained a Medicare patient's urine culture for suspected urinary infection. Which CPT and ICD-9 codes will Medicare accept?

Georgia Subscriber

Answer: You should report either 87086 (Culture, bacterial; quantitative colony count, urine) or 87088 (... with isolation and presumptive identification of isolates, urine), depending on how your internist performed the test.

Usually, a physician performs a urine culture with colony count (87086) to determine the approximate number of bacteria present per milliliter of urine. When you bill 87088, the doctor has generally used a commercial kit to identify additional, significant bacteria.

Also, to medically justify reporting the codes, you should meet the following Medicare criteria:

1. A patient has abnormal urinalysis results that suggest a urinary tract infection, such as hematuria, pyuria or proteinuria.
2. The patient has clinical symptoms, such as urinary frequency (788.41) and burning (788.1, Dysuria), that indicate a possible urinary tract infection
3. The internist performs the urine culture to follow up on a previously treated urinary tract infection to confirm the therapy's effectiveness.
4. A physician evaluates the patient for a fever of unknown origin (780.6) or suspect septicemia (038.x).

As for appropriate ICD-9 codes for urine cultures, you should first check the internist's documentation for the physician's diagnosis. Generally, however, Medicare accepts the following diagnosis codes:

5. 038.0-038.9 - Septicemia
6. 580.0-589.9 - Nephritis, nephrotic syndrome, and nephrosis
7. 590.0-599.9 - Other diseases of urinary system
8. 600-608.9 - Diseases of male genital organs
9. 780.6 - Pyrexia of unknown origin
10. 788.0-788.9 - Symptoms involving urinary system
11. 790.7 - Bacteremia
12. 791.0 - Proteinuria

13. 791.7 - Other cells and casts in urine.