Codify
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Part B Insider (Multispecialty) Coding Alert

Part B Coding Coach: Perfect How You Report Pelvic Floor Muscle Rehabilitation Services

Break down how each type of provider should code for PFMR.

Before turning to surgical treatments for stress urinary incontinence (SUI), many urogynecologists may attempt to treat the condition with nonsurgical methods. These treatments provide their own coding dilemmas. Check out how you should report pelvic floor muscle rehabilitation (PFMR) services.

What it is: PFMR is a non-invasive, painless treatment option for a wide range of bladder issues, and comes with a 70-80 percent success rate of significantly improving symptoms with little to no side effects. PFMR re-educates and tones the muscles in the pelvic floor, which in turn can positively affect general bladder function.

Tip 1: Determine Who Can Perform PFMR

This service can be performed by a physician, physical therapist (PT), registered nurse (RN), or a medical technologist (MT). However, the latter three of these must have been trained in an accredited PT program, says **Melanie Witt, RN, CPC, COBGC, MA,** an ob-gyn coding expert based in Guadalupita, N.M.

Tip 2: Separate Out E/M Services

If your provider also performs an E/M service, you can bill them with the PFMR if a separate and significant evaluation and management service has been documented. If the trained therapist performs the PFMR**,** and the physician performs the problem evaluation, the PFMR can be considered "incident to" services. Keep in mind that the urogynecologist needs to be in the office when the PFMR services are taking place. In other words, you need to confirm direct supervision by the physician.

Tip 3: Have This Support for PFMR

Sometimes you need to justify PFMR. Here are some requirements you may encounter.

The patient must have failed four weeks of an ordered and supervised pelvic muscle exercise (PME) regimen.

Diagnoses that support PFMR may include:

- 625.6, Stress incontinence female
- 788.31-788.33, 788.38, Urinary incontinence ...
- 788.41, Urinary frequency
- 788.43, Nocturia
- 618.83, Pelvic muscle wasting
- 625.8, other specified symptoms associated with female genital organs (used to report muscle spasms of the perineum).

You should note that some payers have incorrectly identified 728.3 (Other specific muscle disorders) as an approved diagnostic indication for PFMR despite the fact that a more specific code directly related to pelvic muscle wasting is available.

Check Out These Coding Examples

Usually six to eight sessions are payable by Medicare and other non-Medicare payers, Witt says.

Append modifier GP (Service delivered under an outpatient physical therapy plan of care) as explained and shown below to all PT code services provided. The following are recommended coding scenarios for PFMR based on the services provided:

The American Physical Therapy Association (APTA) recommends the following codes for a physical therapist or a provider within her scope of practice:

- 97530 (Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes),
- 97110 (Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility), and
- 97112 (Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities), in this sequence.

The American Urological Association (AUA) and APTA recommend:

- 90911 (Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry), 97032 (Application of a modality to 1 or more areas; electrical stimulation [manual], each 15 minutes), and 91122 (Anorectal manometry).
- 51784 (Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique) at the initial and final visits to assess the patient's response.

Careful: The code 91122 represents a study that is done to assess the patient with fecal incontinence, not urinary stress incontinence. This condition must be documented in the record in order to bill this study.

According to **Michael A. Ferragamo, MD, FACS,** clinical assistant professor of urology at the State University of New York at Stony Brook, "My personal billing for PFMR for which I have been paid is as following:

- 91122
- 97032-GP
- 97110-GP
- 97750-GP (Physical performance test or measurement [e.g., musculoskeletal, functional capacity), with written report, each 15 minutes)."