

Part B Insider (Multispecialty) Coding Alert

PART B MYTH BUSTER: Don't Miss Reimbursement Opportunities With 51798

You can bill a distinct E/M visit separately

Do you know the score about bladder scan code 51798? Here are three common misconceptions that could be costing you money.

Myth #1: You should bill an ultrasound code if the doctor used an ultrasound device to perform the bladder scan.

Reality: If the purpose of the scan was to measure post-voiding residual urine, you should always bill 51798. Generally, you'll use this code when the urologist positions a portable ultrasound scanner over the suprapubic area to measure the residual urine. Most of these scanners actually print out a tape, which should remain part of the permanent medical record, says **Margaret Atkinson**, business manager with **Centennial Surgery Center** in Voorhees, NJ.

This tape will be your proof the service was performed, and also justify the necessity for the catheterization, if performed. If the scanner doesn't print out a tape (which is unusual) then the physician must document what he or she did, and the actual results of the test.

The portable scanner's built-in software will record the post-void residual urine volume and -provide the bladder's capacity based on the patient's actual bladder shape,- says Atkinson. If this scan shows a large amount of residual urine, indicating retention, then the urologist will catheterize the patient. If this happens, you can bill the catheterization separately, say experts.

Myth #2: You can't bill an evaluation & management visit with 51798.

Reality: You can bill a separate E/M visit, says **Donna Richmond** with **CodeRyte** in Bethesda, MD.

But you'll probably need a 25 modifier, Atkinson adds. The carriers are scrutinizing separate E/Ms with 51798 very closely, so if you don't have a separate diagnostic reason for an E/M visit, you shouldn't bill for it.

Myth #3: A doctor can bill separately for interpretation if someone else performs 51798 offsite.

Reality: Because 51798 has no separate professional or technical component, you can't bill only for professional services, says Richmond. There's no interpretation involved, because 51798 is only a measurement. You can bill for interpretation if the doctor interprets a larger pelvic (76856), bladder (75657) or bladder and kidney ultrasound (76770).