Part B Insider (Multispecialty) Coding Alert

READER QUESTION:Pelvic Floor Therapy May Require You to Report More Than One Code

You'll also have to get your modifiers ready to ensure that your Medicare carrier reimburses all of the codes you report.

Question: We have a new doctor and new nurses who are performing pelvic floor therapy and we are not sure how to code this service. I don't know if I need modifiers or whether "unbundling" is allowed for all of these codes: 99211, 97750, 91122, 51784, 97032. Can you please tell me how to report these services to our Medicare carrier?

Answer: Based on your description, it sounds as though you have chosen the appropriate codes for the services. You should report pelvic floor therapy services using the following codes:

• 99211 (Office or other outpatient visit for the evaluation and management of an established patient ...). Append modifier 25 (Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service) to show your payer that the E/M service is separate from the surgical procedure you'll also bill.

• 51784 (Electromyography studies [EMG] of anal or urethral sphincter, other than needle, any technique)
• 91122 (Anorectal manometry)
• 97750-GP (Physical performance test or measurement [e.g., musculoskeletal, functional capacity], with written report, each 15 minutes). Append modifier GP (Services delivered under an outpatient physical therapy plan of care) to indicate this is a planned physiotherapy service
• 97032-GP (Application of a modality to one or more areas; electrical stimulation [manual], each 15 minutes).

Good news: The Correct Coding Initiative (CCI) does not have any bundling edits in place that would affect how you report these codes, so you can report them together.