Advancing Female Pelvic Medicine
and Reconstructive Surgery

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Coding for Urethral Bulking

Urethral bulking is an FDA approved therapy to treat adult female stress urinary incontinence due to intrinsic sphincter deficiency (ISD- N36.42). The procedure can be described as an injection of the bulking material either transurethrally or periurethrally. The bulking agent is injected into the submucosal tissue of the urethra and/or bladder neck. The injection is continued until appropriate coaptation of the urethra is visualized on cystoscopy.

Urethral bulking is a covered benefit for the treatment of urinary incontinence in patients who meet specific criteria.

In female patients, the evaluation must include a complete history and physical examination (including a pelvic exam) and a simple cystometrogram to rule out abnormalities of bladder compliance and abnormalities of urethral support. Following that determination, an abdominal leak point pressure (ALLP) test is performed. Leak point pressure, stated in cm H2O, is defined as the intra-abdominal pressure at which leakage occurs from the bladder (around a catheter) when the bladder has been filled with a minimum of 150 cc fluid. If the patient has an ALLP of less than 100 cm H2O, the diagnosis of ISD is established.

Coverage of a urethral bulking agent, and the procedure to inject it, is limited to the following types of patients with stress urinary incontinence due to ISD:
• Female patients with congenital sphincter weakness secondary to conditions such as myelomeningocele;
• Female patients with acquired sphincter weakness secondary to spinal cord lesions;
• Female patients without urethral hypermobility and with abdominal leak point pressures of 100 cm H2O or less.

Patients whose incontinence does not improve with 5 injection procedures (5 separate treatment sessions) are considered treatment failures, and no further treatment of urinary incontinence by urethral bulking is covered. Patients who have a reoccurrence of incontinence following successful treatment with bulking agents in the past (e.g., 6-12 months previously) may benefit from additional treatment sessions.

Current CPT Codes for Reporting Urethral injections therapy:

51715	Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder
L8606	Synthetic implant 1 ml

Last Updated by the AUGS Coding and Reimbursement Committee on January 2018

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ICD-10 codes

N36.42 Intrinsic sphincteric deficiency

Providers should also bill the appropriate charges of the bulking material (L8606 synthetic implant 1 ml). The bulking material is charged by each injected ml.

The current RVU units is 8.31 with the Medicare National Allowed Amount ($291). The HCPCS code for L8606 has no RVU associated and the Medicare National Allowed Amount of ($186 – 248 per ml). If the procedure is done in an outpatient setting (51715, site of service 22), the RVU's are valued at 5.77. The outpatient procedure has a Facility Coding APC0168 and the Medicare National Allowed Amount of ($2535.72). The charges at an ASC (51715, site of service 24), the RVU's are valued at 5.77. The outpatient procedure has a Facility Coding and the Medicare National Allowed Amount of ($1400.62).

CPT codes and RVU Table from 2018 National Physician Fee Schedule:

CPT	Description	Total RVU Non-Facility	Total RVU Facility	DME Fee
51715	Endoscopic injection of implant urethra	8.38	5.80	
HCPCS				
L8606	Synthetic implant material 1 ml	NA	NA	$ 187.78-250.38

Billing Tips:

Bill for the number of syringes used of the injection material. If 2 syringes are utilized, L8606 would be billed as 2 units.

Injection codes have 0 global days.

An E&M code should only be billed if a separate E/M service is provided, typically for a separate problem, and would require separate documentation. If so reported, modifier 25 should be added to this service

Documentation:

Documentation in the chart needs to include the complete history and physical examination, including the pelvic exam. Assessment of urethral mobility should also be documented.
The results of a simple cystometrogram or appropriate urodynamic testing should also be documented. Leak point pressure or urethral closure pressure should be included.

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The procedure documentation should include the material injected, amount and location it was injected and route, transurethral or periurethral. The details of anesthetic should be documented.
Post procedure void may be documented.

The same should be recorded for subsequent documentation, and additionally response to the prior injections needs to be recorded.

References:

• CPT is a registered trademark of the American Medical Association, Copyright 2018
• 2017 Medicare Physician Fee Schedule
  • National Coverage Determination (NCD) for Incontinence Control Devices (230.10)

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