FIRST COAST SERVICE OPTIONS
MAC - PART B
LOCAL COVERAGE DETERMINATION

LCD Database ID Number
L33935

Contractor Name
First Coast Service Options, Inc.

Contractor Number
09102 – Florida
09202 – Puerto Rico
09302 – Virgin Islands

Contractor Type
MAC – Part B

LCD Title
Post-Voiding Residual Ultrasound

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CMS National Coverage Policy
Language quoted from CMS National Coverage Determinations (NCDs) and coverage provisions in interpretive manuals are italicized throughout the Local Coverage Determination (LCD). NCDs and coverage provisions in interpretive manuals are not subject to the LCD Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review an NCD. See §1869(f)(1)(A)(i) of the Social Security Act.

Unless otherwise specified, italicized text represents quotation from one or more of the following CMS sources:
CMS Manual System, Pub. 100-03, Medicare National Coverage, Chapter 1, Part 4, Section 220.5

Primary Geographic Jurisdiction
Post-voiding residual (PVR) urine volume is the volume in the bladder immediately after the completion of voiding. The standard method of determining PVR urine volumes is intermittent catheterization, which is associated with increased risk of urinary infection, urethral trauma and discomfort for the patient. Bladder ultrasound has been introduced as an alternative, noninvasive method, to avoid the potential complications of intermittent catheterization.

The use of ultrasound to determine PVR is considered medically necessary and reimbursable for the following indications:

- To assess urinary retention
- To assess incomplete bladder emptying
- To assist with bladder re-training by determining the need to void based on bladder volume
- To determine actual bladder volume in patients who have incomplete bladder emptying and require frequent catheterizations to drain the bladder

PVR ultrasound is not considered to be medically necessary when performed for routine screening purposes or when no treatment is planned regardless of the finding.

CPT/HCPCS Codes

51798  Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging

ICD-10 Codes that Support Medical Necessity

G83.4    Cauda equina syndrome
N13.9    Obstructive and reflux uropathy, unspecified
N23      Unspecified renal colic
N31.0-N31.2  Neuromuscular dysfunction of bladder, not elsewhere classified
N31.9    Neuromuscular dysfunction of bladder, unspecified
N39.3    Stress incontinence (female) (male)
Post-Voiding Residual Ultrasound Part B

N39.41-N39.498 Other specified urinary incontinence
N40.1 Benign prostatic hyperplasia with lower urinary tract symptoms
R30.0-R30.9 Pain associated with micturition
R32-R36.0 Symptoms and signs involving the genitourinary system
R36.9 Urethral discharge, unspecified
R39.0-R39.9 Other and unspecified symptoms and signs involving the genitourinary system

Diagnoses that Support Medical Necessity

N/A

ICD-910 Codes that DO NOT Support Medical Necessity

N/A

Diagnoses that DO NOT Support Medical Necessity

N/A

Associated Information

Documentation Requirements

Medical records should support the ICD-10-CM code billed for the services rendered. Medical record documentation justifying the need for and/or frequency of this service at the time that the service was rendered must be made available upon request.

Utilization Guidelines

It is not expected that a post-voiding residual ultrasound will be performed greater than three (3) times per day. Medical documentation should justify services performed at a greater frequency.

Sources of Information and Basis for Decision

FCSO reference LCD number – L29381

Diagnostic Ultrasound Corporation (2003) Program of Excellence. http://excellence.dxu.com This source was used to gain knowledge about the use of ultrasound when determining post void residual. (Retrieved from Internet March 18, 2004)

Lepor, H. & Chancellor, M. (2004) Differential diagnosis and treatment of impaired bladder emptying. Reviews in Urology 2004; 6 (suppl1): S24-S31 This source was used to identify diagnosis which may require determination of post void residual as part of treatment regimen.

Lepor, H. (2004) Challenges in the detection and diagnosis of bladder dysfunction: optimal strategies for the primary care physician. Reviews in Urology 2004; 6 (suppl 1): S1-S2 This source was used in identifying medical conditions which would benefit from the determination of post void residual.


Start Date of Comment Period

N/A
End Date of Comment Period

N/A

Start Date of Notice Period

04/01/2014

Revision History

Revision History Number: R1

Revision Number: 1
Publication: October 2016 Connection
LCR B2016-097

Explanation of Revision: Based on CR 9677 (Annual 2017 ICD-10-CM Update) the LCD was revised. Descriptor revised for ICD-10-CM diagnosis code N40.1 to read “Benign prostatic hyperplasia with lower urinary tract symptoms”. The effective date of this revision is based on date of service.

Original
Publication: April 2014 Connection

This LCD replaces all previous LCD versions (refer to “Sources of Information and Basis for Decision” section of the LCD) and publications on this subject to comply with ICD-10-CM based on Change Request 8112. The effective date of this LCD is based on date of service.

Related Documents

N/A

LCD Attachments

N/A

Document formatted: 8/22/2016 (NM/dc)