



Women's Preventive Services Initiative (WPSI) 2022 Coding Guide

Screening for Urinary Incontinence



RECOMMENDATION CODING

Women's Preventive Services Initiative (WPSI) Screening for Urinary Incontinence

Clinical Recommendations: The Women's Preventive Services Initiative recommends screening women for urinary incontinence annually. Screening should ideally assess whether women experience urinary incontinence and whether it impacts their activities and quality of life. The Women's Preventive Services Initiative recommends referring women for further evaluation and treatment if indicated.

Implementation Considerations: The Women's Preventive Services Initiative recommends screening women for urinary incontinence as a preventive service. Factors associated with an increased risk for urinary incontinence include increasing parity, advancing age, and obesity; however, these factors should not be used to limit screening.

Several screening tools demonstrate fair to high accuracy in identifying urinary incontinence in women. Although minimum screening intervals are unknown, given the prevalence of urinary incontinence, the fact that many women do not volunteer symptoms, and the multiple, frequently changing risk factors associated with incontinence, it is reasonable to conduct annually.

The Women's Preventive Services Initiative recommends screening women for urinary incontinence annually. This screening could be performed during annual well-women examinations and billed with preventive services codes.

The Women's Preventive Services Initiative recommends referring women for further evaluation and treatment if indicated. In patients with both symptoms and physical findings of stress urinary incontinence (SUI)/prolapse, urgency urinary incontinence (UUI), mixed incontinence, or lower urinary tract symptoms (LUTS), management and treatment of the conditions can be performed using various methodologies.

PROCEDURE CODES

INITIAL OR PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE EXAMINATIONS (99384 – 99397)

In most cases, counseling for STI infections will occur in connection with initial or periodic comprehensive preventive medicine services. This service is reported with CPT codes 99384–99397, which includes age-appropriate counseling, anticipatory guidance, and risk factor reduction interventions provided at the time of this visit.

COUNSELING RISK FACTOR REDUCTION AND BEHAVIORAL CHANGE INTERVENTION (99401–99412)

Preventive medicine counseling codes are used to report services for promoting health and preventing illness and injury. That is, the patient has no current symptoms or diagnosed illness.

The counseling must be provided at a separate encounter from the preventive medicine service. These codes are selected according to the time spent counseling the patient. If a distinct problem-oriented E/M service also is provided during the same encounter, it may be reported separately.

These codes are not reported when the physician counsels an individual patient with existing symptoms or an established illness. In this case, a problem-oriented E/M service (**99202–99215**) is reported.

Behavioral change interventions as reported with codes **99401–99412**, are for persons who have a behavior that often is considered an illness itself, such as tobacco use or substance abuse. Any additional E/M service reported on the same day must be distinct and documented distinctly. Time spent providing the behavioral change intervention services may not be used as a basis for the E/M code selection.

99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes
99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes
99403	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes
99404	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes
99411	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes
99412	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes

For counseling groups of patients with symptoms or established illness, see code **99078, Physician or other qualified health care professional qualified by education, training, licensure/regulation (when applicable) educational services rendered to patients in a group setting (eg, prenatal, obesity, or diabetic instructions).**

DIAGNOSIS CODES

NON-MEDICARE PAYERS

N39.3	Stress incontinence (female) (male)
N39.41	Urge incontinence
N39.42	Incontinence without sensory awareness
N39.43	Post-void dribbling
N39.44	Nocturnal enuresis
N39.45	Continuous leakage
N39.46	Mixed incontinence
N39.490	Overflow incontinence

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N39.491	Coital incontinence
N39.492	Postural (urinary) incontinence
N39.498	Other specified urinary incontinence
N36.42	Intrinsic sphincter deficiency (ISD)
O90.89	Other complications of puerperium, not elsewhere classified

Urinary Incontinence Following Delivery: For urinary incontinence following delivery, the correct coding depends on the way the urinary incontinence was documented. If clinician’s records indicate “urinary incontinence due to pregnancy,” then code **O90.89 Other complications of the puerperium, not elsewhere classified**, should be applied with a secondary diagnosis that describes the nature of the patient’s incontinence. If the nature of the incontinence is not explicitly documented, then report diagnosis code **R32, Unspecified urinary incontinence**.

If documentation does not explicitly state that urinary incontinence was caused by pregnancy, then the most appropriate diagnosis from the list above should be applied.

In some cases, postpartum urinary incontinence may be caused by a urinary tract infection. The following codes from category **O86.2-, Urinary tract infection following delivery**, may be applied:

O86.20	Urinary tract infection following delivery, unspecified
O86.21	Infection of kidney following delivery
O86.22	Infection of bladder following delivery
O86.29	Other urinary tract infection following delivery

Use an additional code from the range of **B95-B97** to identify the infectious agent (if known).

RECOMMENDATION CODING

CODING SCENARIOS

A 56-year old established patient presents for her annual preventive medicine service. During this service, Doctor T conducts a screening for urinary incontinence.

DR. T Billing-CPT	Diagnoses	Diagnosis Description
99396	Z01.419 Z13.89	Encounter for routine gynecologic exam without abnormal finding Encounter for screening for other disorder
Billing Rationale:	The counseling component of this service is a part of the preventive medicine service. There is no specific procedural service or specific diagnosis that allows distinct reporting of this screening.	

A 28-year old established patient presents with complaints of genitourinary prolapse. During this service, Doctor U also screens for urinary incontinence.

DR. T Billing-CPT	Diagnoses	Diagnosis Description
99214	N81.4 Z13.89	Encounter for screening for infections with a predominantly sexual mode of transmission Encounter for screening for other disorder
Billing Rationale:	There is no separate procedural service that is billable for urinary incontinence screening, nor is there a specific diagnosis to report the service. The only available option is the more generic code for “other screening. The level of service would be level 4, based on “moderate” problems (1 chronic problem with exacerbation), “straightforward” data and “moderate” risk (discussion of possible surgery).	