

Final Comments and Responses

Pelvic Floor Dysfunction: Anorectal Manometry and EMG

Comment: A letter was received from a provider which described his protocol for providing pelvic floor rehabilitation. It appeared that the provider was using diagnostic (CPT Code 51784) and E/M codes (CPT Code 99211) for services that should be coded as therapeutic (biofeedback, physical therapy, rehabilitation, or exercise program).

Response: Diagnostic codes (51784, 51785, and 91122) are to be used in diagnostics and are not to be reported as therapeutic services. The provider is describing a therapeutic situation and would need to use the biofeedback, physical therapy, rehabilitation, or exercise program codes. Our policy clearly states; Electromyography studies (CPT Codes 51784 & 51785) of the anal or urethral sphincters will be considered medically reasonable and necessary when it is necessary to **evaluate** a diagnosis of fecal or urinary incontinence, dysfunctional bladder elimination and interstitial cystitis respectively, and to identify possible underlying neurological disease and the results are to be used in the management of the patient's condition. Anorectal manometry (CPT Code 91122) will be considered medically reasonable and necessary when it is necessary to **evaluate** a diagnosis of fecal incontinence and dysfunctional anorectal elimination and the results are to be used in the management of the patient's condition.

Comment: We received a letter stating; The LCD limits CPT code 51784 *Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique* to twice per year. It is very common for a patient to have more than two EMGs in a year. One EMG has to be used as a baseline to determine the starting point of treatment for the patient. During the patient's therapy, a second EMG is required to see the progress that the patient has made during treatment. If the patient does not receive the baseline EMG, it would be impossible for the physician to track the patient's progression.

Response: An EMG of the anal or urethral sphincter is a **diagnostic test** that measures muscle activity and is used to assist in evaluating fecal or urinary incontinence, dysfunctional elimination of bowel and bladder and neurogenic bladder dysfunction leading to functional abnormalities of the muscular sphincter. Typically, the causes of urinary or fecal incontinence can be diagnosed upon completion of a thorough history and physical exam performed by the physician or non-physician practitioner. When a thorough history and physical does not point to one or more causes of urinary or fecal incontinence, diagnostic testing may be indicated. Therefore, anorectal manometry and Pelvic Floor Electromyography are considered diagnostic tests and should **not** be performed on a routine basis. Medicare would **not** expect these tests to be billed more than **twice** in a lifetime.