Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older

Coding Specifications

Codes required to document patient has urinary incontinence and a visit occurred:

A line item ICD-9-CM diagnosis code for urinary incontinence and a CPT E/M service code are required to identify patients to be included in this measure.

All measure-specific coding should be reported ON THE SAME CLAIM.

Urinary incontinence line item ICD-9-CM diagnosis codes

- 307.6 (nonorganic origin),
- 625.6 (stress, female),
- 788.30, 788.31, 788.33, 788.34, 788.35, 788.36, 788.37, 788.38, 788.39 (urinary incontinence)

AND

CPT E/M service codes

- 99201, 99202, 99203, 99204, 99205 (office new patient),
- 99212, 99213, 99214, 99215 (office established patient),
- 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337 (domiciliary),
- 99341, 99342, 99343, 99344, 99345, 99347, 33948, 33949, 99350 (home visit),
- 99241, 99242, 99243, 99244, 99245 (outpatient consult)

Quality codes for this measure:

CPT II Code descriptors

(Data collection sheet should be used to determine appropriate code.)

- *CPT II 0509F*: Urinary incontinence plan of care documented
- *CPT II 0509F-8P*: Urinary incontinence plan of care not documented, reason not otherwise specified

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