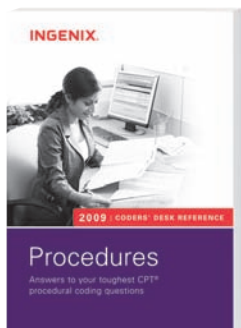


INGENIX®

2009 Coders' Desk Reference for Procedures



ISBN: 978-1-60151-200-0

Item Number: 1329

Available: December 2008

Price: \$134.95

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Sample Page

CPT Lay Descriptions

51798

Urinary

51700

The physician irrigates the bladder with saline solution that is flushed, injected, or introduced by drops (instillation) through a catheter. The physician initially places the catheter into the bladder and irrigates by hand until the bladder is free of clots or debris. A three-way Foley catheter may be inserted for continuous bladder irrigation.

51701-51703

The patient is catheterized with a non-indwelling bladder catheter (e.g., for residual urine) in 51701; simple catheterization with a temporary indwelling bladder catheter (Foley) is performed in 51702. The area is properly cleaned and sterilized. A water-soluble lubricant may be injected into the urethra before catheterization begins. The distal part of the catheter is coated with lubricant. In males, the penis is held perpendicular to the body and pulled up gently and the catheter is steadily inserted about 8 inches until urine is noted. In females, the catheter is gently inserted until urine is noted. With an indwelling catheter, insertion continues into the bladder until the retention balloon can be inflated. The catheter is gently pulled until the retention balloon is snugged against the neck of the bladder. The catheter is secured to the abdomen or thigh and the drainage bag is secured below bladder level. Report 51703 if a change in anatomy, such as enlarging of the prostate or a fractured catheter or balloon, complicate the catheterization process.

51705-51710

The physician changes a cystostomy tube. To remove the existing tube, the physician removes the sutures securing the tube to the skin. Report 51705 if the physician inserts a guidewire through the tube and passes the tube back over the guidewire. The physician passes a new tube over the guidewire, removes the guidewire, and sutures the tube to the skin. Report 51710 if complications such as infection, inflammation, hemorrhage, constriction, or dilation arise.

51715

The physician injects natural proteins or synthetic material into the urethra and bladder neck, helping to prevent urinary incontinence. Before the injection, an endoscope is placed through the urethra into the bladder. Using local anesthesia, the physician makes one to three injections into the transurethral submucous. The injections are made through the endoscope into the affected area. The procedure can also be performed through the lower abdomen.

51720

The physician introduces by drops (instillation) an anticarcinogenic agent into the bladder to treat a cancer. Prior to the instillation of the agent, a standard lavage is usually performed. The anticarcinogenic agent is introduced through a catheter and held in the

bladder for a specified amount of time. This procedure may be used in conjunction with a cystostomy (51020) or with procedures such as cystectomy for the removal of a tumor.

51725-51726

For a simple cystometrogram, (51725), the physician inserts a pressure catheter into the bladder and connects it to a manometer line filed with fluid to measure pressure and flow in the lower urinary tract. For a complex cystometrogram, (51726), the physician inserts an electronic microtip pressure-transducer catheter into the bladder and connects it to electronic equipment to measure pressure and flow in the lower urinary tract.

51736-51741

For simple uroflowmetry (51736), the physician assesses the rate of emptying the bladder by stopwatch, recording the volume of urine per time. For complex uroflowmetry, (51741), the physician assesses the rate of emptying of the bladder by electronic equipment, recording the volume of urine per time.

51772

The physician measures urethral pressure by pulling a transducer through the urethra and noting the pressure change.

51784

The physician places a pad in the anal or urethral sphincter and measures the electrical activity with the bladder filled and during emptying.

51785

The physician places a pad or needle in the anal or urethral sphincter and measures the electrical activity with the bladder filled and during emptying.

51792

The physician electrically stimulates the head of the penis. The physician measures the delay time for travel of stimulation through the pelvic nerves to the pudendal nerve.

51795

The physician places a transducer in the bladder to measure urine flow rate and pressure during emptying of the bladder.

51797

The physician conducts a voiding pressure study. In order to determine how much the patient strains while attempting to void, the physician places a transducer in the abdomen. This measures both the amount of pressure generated by the abdomen and the subsequent urine flow.

51798

Residual urine and/or bladder capacity is measured by ultrasound after the patient has voided. A portable ultrasound scanner is used for this purpose. Operation