



## ANOPRESS DEVICE & SENSY PROBE

### 2024 Coding & Reimbursement Guide

The Anopress Device and Sensy Probe Coding and Reimbursement Guide is intended to provide coding and reimbursement information for anorectal pressure studies and evaluation of functional rectal and pelvic disease.

Private payers and Medicare coverage may differ. It is recommended that providers verify current coverage policies and prior authorization requirements. Please check with your individual payer for their specific coding, coverage, and payment requirements.

#### PHYSICIAN CODING

CPT® Code	Description
91120	Rectal sensation, tone, and compliance test (ie, response to graded balloon distention)
91122	Anorectal manometry

#### Reporting Instructions

- Do not report CPT 91120 or CPT 91122 in conjunction with CPT 91117
- CPT 91122 includes all measurements performed at the same patient encounter

#### PHYSICIAN REIMBURSEMENT

CPT® Code	Modifier	Description	Work RVU	Non-Facility Total RVU	Facility Total RVU	2024 Medicare National Average Payment Non-Facility	2024 Medicare National Average Payment Facility
91120	N/A	Rectal sensation, tone, and compliance test (ie, response to graded balloon distention)	0.97	15.00	15.00	\$491	N/A*
91120	TC	Rectal sensation, tone, and compliance test (ie, response to graded balloon distention)	0.00	13.58	13.58	\$445	N/A*
91120	26	Rectal sensation, tone, and compliance test (ie, response to graded balloon distention)	0.97	1.42	1.42	\$47	\$47



91122	N/A	Anorectal manometry	1.77	8.28	8.28	\$271	N/A*
91122	TC	Anorectal manometry	0.00	5.70	5.70	\$187	N/A*
91122	26	Anorectal manometry	1.77	2.58	2.58	\$84	\$84

\*An "N/A" indicates that this procedure is rarely or never performed in this setting. CMS National Physician Fee Schedule Relative Value File Calendar Year 2024

**Modifiers**

TC Technical Component

-26 Professional Component

**HOSPITAL OUTPATIENT REIMBURSEMENT**

CPT® Code	Description	APC	Description	Hospital Outpatient 2024 Medicare National Average Payment
91120	Rectal sensation, tone, and compliance test (ie, response to graded balloon distention)	5722	Level 2 Diagnostic Tests and Related Services	\$299
91122	Anorectal manometry	5722	Level 2 Diagnostic Tests and Related Services	\$299



## DIAGNOSIS CODES

ICD-10-CM diagnosis codes are used by physicians and facilities to report patient conditions.

It is the responsibility of the physician to determine the appropriate diagnosis code(s) for each patient. The physician is responsible for selecting the most appropriate code to reflect the information in the patient's medical record.

This is not an exhaustive list of ICD-10-CM diagnosis codes. For a complete list of codes and descriptions, consult the current ICD-10-CM manual.

### ICD-10-CM Diagnosis Codes

K59.00	Constipation, unspecified
K59.91	Slow transit constipation
K59.02	Outlet dysfunction constipation
K59.03	Drug induced constipation
K59.04	Chronic idiopathic constipation
K59.09	Other constipation
K59.4	Anal spasm
R15	Fecal incontinence
R15.0	Incomplete defecation
R15.1	Fecal smearing
R15.2	Fecal urgency
R15.9	Full incontinence of feces

## DOCUMENTATION

Provider documentation needs to support the medical necessity of the procedure or service (diagnostic or therapeutic). The following are key documentation points to consider for anorectal manometry:

- Clinically appropriate evaluation of the patient history and physical performed and documented prior to the test
- Diagnosis code selected is supported by documentation in the medical record
- CPT code selected needs to describe the procedure/service performed and is supported by documentation in the medical record
- Conservative therapy tried and failed should be documented in the medical record prior to diagnostic testing for anorectal manometry



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## **SOURCES:**

*AMA CPT 2024 Professional Edition*

Medicare Program; CY 2024 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage for CY 2024; Final Rule, Federal Register (88 Fed Reg. No. 220) November 16, 2023, 42 CFR Parts 405, 410, 411, 414, 415, 418, 423, 424, 425, 455, 489,491,495, 498, and 600 Addenda B

Medicare payment rates calculated using a conversion factor of \$32.7442 Based on CY 2024 Relative Value Units (RVU) information available as of January 2024

Medicare Program; Changes to Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Final Rule with Comment, Federal Register (87 Fed Reg. No. 225) November 23, 2022, 42 CFR Parts 405, 410, 411,412, 413, 416, 419, 424, 485 and 489; Addenda A, and B

2024 ICD-10-CM Professional The complete official code set, Optum 360 2023

*Chapter XI Medicine Evaluation and Management Services Medicare National Correct Coding Initiative Policy Manual 2024 page XI35*