

Urology Coding & Compliance Quick Reference

A one-page teaser covering global periods, bundled scope procedures, and medical necessity for diagnostic testing — practical starting points for coders, billers, and providers. This is general education, not a substitute for payer-specific policy or a full audit.

Documentation Musts

- Indication for cystoscopy/ureteroscopy and any intervention performed during the same scope documented per finding, not as a single summary line.
- Global-period E/M visits distinguished clearly as related vs. unrelated to the original procedure.
- Medical necessity for urodynamic testing tied to specific symptoms/exam findings, not a standing protocol.
- Catheter and supply billing documented with the specific device/size used, matching HCPCS-level detail requirements.

Common Denial Triggers

- Diagnostic and therapeutic scope procedures billed together in the same session without NCCI-compliant modifier support.
- E/M visits during a global period billed without documentation showing they're unrelated to the original surgery.
- Urodynamic testing billed without a clearly documented clinical indication.

Modifier Watch-Outs

Modifier 59/XS for distinct same-session procedures and 24/25 for unrelated global-period E/M are the two highest-risk areas in urology — precise, finding-by-finding documentation is the fix for both.

Want the full picture? HCl Learning Portal members get in-depth, always-current urology coding courses, live Q&A with certified coding experts, and downloadable audit tools as part of their membership. Explore courses and membership tiers at healthcareinspiredllc.com/membership.