

## ICD-9 to ICD-10 Diagnosis Codes Conversions Stress Urinary Incontinence and Overactive Bladder

Description	ICD-9 CM <i>Through 9/30/14</i>	ICD-10 CM <i>Begins 10/1/14</i>
Intrinsic sphincter deficiency	599.82	N36.42
Stress incontinence (female)	625.6	N39.3
Feeling of incomplete bladder emptying	788.21	R39.14
Urinary incontinence	788.30	R32
Urge incontinence	788.31	N39.41
Stress incontinence (male)	788.32	N39.3
Mixed incontinence	788.33	N39.46
Incontinence without sensory awareness	788.34	N39.42
Post-void dribbling	788.35	N39.43
Nocturnal enuresis	788.36	N39.44
Continuous leakage	788.37	N39.45
Overflow incontinence	788.38	N39.490
Other specified urinary incontinence	788.39	N39.498
Frequency of micturition	788.41	R35.0
Urgency of urination	788.63	R39.15

This tool is provided for your convenience and reflects diagnosis codes included in payer policies for Posterior Tibial Nerve Stimulation and Urethral Bulking. Urgent® PC is indicated for Overactive Bladder (OAB) and associated symptoms of urinary urgency, urinary frequency and urge incontinence. Macroplastique® is indicated for adult female stress urinary incontinence primarily due to intrinsic sphincter deficiency. This information is presented for illustrative purposes only and does not constitute reimbursement or legal advice. It is always the provider's responsibility to determine medical necessity and submit appropriate codes, modifiers, and charges for services rendered. Please contact your local carrier/payer for interpretation of coding and coverage. Uroplasty, Inc. does not promote the use of its products outside their FDA cleared or approved labeling. 10105A 2/14