Reporting Colon Motility Services (91124, 91125)

CPT® Assistant.

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For the Current Procedural Terminology (CPT®) 2026 code set, two new Category I codes (91124, 91125) have been established to report rectal sensation, tone, compliance testing (eg, barostat), and anorectal manometry. In addition, parenthetical notes have been added to instruct users on the appropriate reporting of these codes. This article provides an overview of these changes.

Medicine

Gastroenterology

91117 Colon motility (manometric) study, minimum 6 hours continuous recording (including provocation tests, eg, meal, intracolonic balloon distension, pharmacologic agents, if performed), with interpretation and report

(Do not report 91117 in conjunction with 91124, 91125)

(For wireless capsule pressure measurements, use 91112)

(91120 has been deleted. To report rectal sensation, tone, and compliance study [eg, barostat], use 91124)

(91122 has been deleted. To report anorectal manometry with rectal sensation and rectal balloon expulsion, when performed, use 91125)

91124 Rectal sensation, tone, and compliance study (eg, barostat)

(Do not report 91124 in conjunction with 91117, 91125)

(For biofeedback training, see 90912, 90913)

(For anorectal manometry, with rectal sensation and rectal balloon expulsion, when performed, use 91125)

91125 Anorectal manometry, with rectal sensation and rectal balloon expulsion test, when performed

(Do not report 91125 in conjunction with 91117, 91124)

(For rectal sensation, tone, and compliance study [eg, barostat], use 91124)

The American Medical Association (AMA)/Specialty Society Relative Value Scale (RVS) Update Committee (RUC) Relativity Assessment Workgroup (RAW) identified codes 91120 and 91122 as performed by the same physician on the same date of service 75% or more of the time. In response to this analysis, codes 91120 and 91122 have been deleted and two new codes (91124, 91125) have been added.

Code 91124 should be reported for rectal sensation, tone, and compliance study (eg, barostat), and code 91125 for anorectal manometry with rectal sensation and rectal balloon expulsion, when performed. The establishment of codes 91124 and 91125 and their related parenthetical notes aligns with current clinical practice and prevents misreporting of these tests.

To ensure the CPT 2026 code set reflects current clinical practice, codes 91120 and 91122 and all related references to them have been deleted. Parenthetical notes have been added to indicate these deletions and instruct users to the appropriate reporting of rectal sensation, tone, and compliance studies (91124) and anorectal manometry, including with rectal sensation and rectal balloon expulsion (91125).

The following clinical examples and procedural descriptions reflect typical clinical scenarios for which these new codes would be appropriately reported.

Clinical Example (91124)

A 35-year-old female, who has no desire to defecate and manually disimpacts herself once a week, presents with a three-year history of refractory constipation. She has tried several prescription laxatives and suppositories without relief. Rectal examination suggests impaired rectal sensation as evidenced by a large amount of hard stool. Rectal sensation, tone, and compliance tests (eg, barostat) are ordered for further evaluation.

Description of Procedure (91124)

Perform a digital rectal examination. Insert a probe with a highly compliant balloon connected to a computerized distending device into the rectum and tape it in position. After the adaptation period to stabilize anal tone, measure basal tone. Perform stepwise graded balloon distension to determine minimal distending pressure and set operating pressure. Perform a conditioning distension followed by an equilibration period. Perform ascending isobaric distensions to assess rectal pressure-volume relationships and calculate compliance. Perform random-order phasic isobaric distensions while the patient signals perception of sensations (eg, gas, urgency, discomfort, and pain) to identify sensory thresholds. Perform a stimulus (eg, pharmacological) to assess rectal contractile and sensory responses. Deflate and remove the probe and balloon. Review tracings, quantitative measurements, and qualitative thresholds to identify disorders of rectal tone, compliance, and visceral sensitivity. Formulate interpretation.

Clinical Example (91125)

A 66-year-old female, who continues to have symptoms, despite trials of both laxatives and anti-diarrheals, has noted worsening constipation and fecal incontinence. Blood tests and a colonoscopy were normal. An anorectal manometry is ordered to evaluate anorectal function.

Description of Procedure (91125)

Perform a digital rectal examination. Insert a lubricated anorectal manometry catheter, identify anatomic landmarks, and proceed with insertion such that the rectal balloon is located at least 3 to 5 cm above the upper border of the anal canal. Allow for an adaptation period to stabilize anal tone. Measure basal

anal resting tone. Perform voluntary anal squeeze maneuvers separated by recovery intervals to evaluate anal contractility. Perform an endurance squeeze followed by a recovery interval. Perform cough maneuvers to evaluate the anorectal cough reflex. Perform simulated defecation push maneuvers separated by recovery intervals to evaluate rectal propulsive pressure and anal sphincter contractile response. Perform a series of rapid rectal distensions to assess the rectoanal inhibitory reflex. Identify sensory thresholds by performing progressive balloon distensions while the patient reports sensations (eg, first sensation, desire to defecate, urgency, and discomfort). Perform balloon expulsion testing to evaluate evacuation. Review images, quantitative measurements, and qualitative thresholds to identify disorders of the rectoanal inhibitory reflex, anal tone and contractility, rectoanal coordination, and/or rectal sensation. Apply hierarchical criteria to indicate the clinical relevance of findings and formulate an interpretation.

