Clinical Policy: Urodynamic Testing

Reference Number: LA.CP.MP.98 Coding Implications
Date of Last Revision: ~~3/31~~5/23~~/22~~ Revision Log
See Important Reminder at the end of this policy for important regulatory and legal information.

Description
Urodynamic testing is an important part of the comprehensive evaluation of voiding dysfunction. The clinician must exercise clinical judgment in the appropriate selection of urodynamic tests following an appropriate evaluation and symptom characterization. The purpose of this policy is to define medical necessity criteria for commonly used urodynamic studies.

Policy/Criteria

I. It is the policy of Louisiana Healthcare Connections that urodynamic testing is **medically necessary** to assist in the diagnosis of urologic dysfunction with any of the following indications:

- **A.** Uncertain diagnosis and inability to develop an appropriate initial treatment plan based on the clinical diagnostic evaluation;
- **B.** Failure to respond to an adequate therapeutic trial;
- **C.** Consideration of urologic surgical intervention, particularly if previous surgery failed or if the patient is a high surgical risk;
- **D.** Presence of other comorbid conditions such as any of the following:
  1. Urinary incontinence;
  2. Persistent symptoms of difficult bladder emptying;
  3. History of previous anti-incontinence surgery or radical pelvic surgery;
  4. Symptomatic pelvic prolapse;
  ~~4.~~5. Prostate nodule, asymmetry or other suspicion of prostate cancer
  ~~5.~~6. Abnormal post-void-residual urinalysis;
  ~~6.~~7. Diabetes mellitus with secondary urinary incontinence;
  ~~7.~~8. Neurological conditions affecting voiding function (neurogenic bladder) such as multiple sclerosis, Parkinson's disease, and spinal cord lesions or injury;
  ~~8.~~9. Complex anorectal malformation.

II. It is the policy of Louisiana Healthcare Connections that urodynamic testing in the following cases is considered **not medically necessary**:

- **A.** More than one cystometrogram (CPT codes 51725 or 51726) or uroflowmetry study (CPT codes 51736 or 51741) per visit.
- **B.** The use of any urodynamic testing for screening in asymptomatic patients, except for evaluation of neurogenic bladder or urological abnormaliti~~t~~es associated with complex anorectal malformation.

Background
Lower urinary tract symptoms (LUTS), which include urinary incontinence, are a common and significant source of impaired quality of life and comorbidity in a large number of adults and children. LUTS is also a general term used to describe symptoms related to overactive bladder such as frequency, urgency and nocturia.[22] Commonly, patients presenting with lower urinary tract symptoms have overlapping symptoms and conditions, making an isolated or homogeneous source of symptoms rare. Clinicians evaluating these disorders collectively utilize history,

physical examination, questionnaires and testing data in the evaluation of symptoms.[3] Cystometrogram, uroflowmetry, urethral pressure profile, and voiding pressure studies, among others, are used to identify abnormal voiding patterns in symptomatic patients with disorders of urinary flow. The urodynamic evaluation measures the relationship between movement and compression of bladder and abdominal pressures during the filling/storage and elimination phase of micturition.[22] Each of the urodynamic studies has benefits and limitations that must be understood for each specific clinical application.

In clinical practice, the role of invasive urodynamic testing is not clearly defined. Urologists generally accept that conservative or empiric, non-invasive treatments may be instituted without urodynamic testing. Conservative treatments for urinary incontinence include pelvic muscle exercises (Kegel exercise), behavioral therapies such as bladder training and/or biofeedback, and pharmacotherapies (e.g., anticholinergic agents, musculotropic relaxants, calcium channel blockers, tricyclic antidepressants, or a combination of anticholinergic, antispasmodic medications and tricyclic antidepressants). Specifically, urge incontinence is more effectively managed with peripherally acting receptor agonists or antagonists, while stress incontinence is better controlled by pelvic muscle exercises, behavioral therapies, or corrective surgery.[4]

Urodynamic studies are indicated only after an initial evaluation is performed that, at minimum, includes an appropriate history, physical exam, and urinalysis with microscopy. Infection, if present, should be treated and effectiveness of treatment observed before further diagnostic (urodynamic) testing or other therapeutic interventions are undertaken.

Many types of urodynamic testing require urethral catheterization and include cystometry, pressure flow studies (PFS), and urethral function testing. Such testing subjects patients to risks of urethral instrumentation including infection, urethral trauma, and pain. Thus, the clinician must weigh whether urodynamic tests offer additional diagnostic benefit beyond symptom assessment, physical examination, and other diagnostic testing. A cystometrogram is used to distinguish bladder outlet obstruction from other voiding dysfunctions.

- In a simple cystometrogram (CPT code 51725), the physician inserts a pressure catheter into the bladder and using a manometer, records the pressure and flow in the lower urinary tract.
- A complex cystometrogram (CPT code 51726) uses a transurethral catheter to fill the bladder with water or gas while simultaneously obtaining rectal pressure and a transducer measures intravesical pressure.
- CPT code 51727 reports a complex cystometrogram performed in conjunction with a measurement of urethral pressure studies.
- CPT code 51728 reports a complex cystometrogram performed in conjunction with a measurement of voiding pressure studies.
- CPT code 51729 reports a complex cystometrogram performed in conjunction with a measurement of voiding pressure studies and urethral pressure studies.
- Voiding pressure studies (CPT code 51797) measure the effort the patient makes while voiding. This measurement includes the pressure required and the subsequent urine flow.

Uroflowmetry and ultrasound post-void residual (PVR) studies may be appropriate noninvasive tests given the clinical scenario and the options for treatment.[3]

- In simple uroflowmetry (CPT code 51736), a stopwatch is used to record the volume of the flow of urine over time.
- Complex uroflowmetry (CPT code 51741) uses electronic equipment to measure and record the volume of urine flow over time.
- Measurement of residual urine and/or bladder emptying capacity (CPT code 51798) is accomplished using ultrasound after voiding.

Coding Implications

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CPT® Codes	Description
51725	Simple cystometrogram (CMG) (eg, spinal manometer)
51726	Complex cystometrogram (ie, calibrated electronic equipment)
51727	Complex cystometrogram (ie, calibrated electronic equipment); with urethral pressure profile studies (i.e., urethral closure pressure profile), any technique
51728	Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure), any technique
51729	Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure) and urethral pressure profile studies (ie, urethral closure pressure profile), any technique
51736	Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanical uroflowmeter)
51741	Complex uroflowmetry (eg, calibrated electronic equipment)
+51797	Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal (List separately in addition to code for primary procedure)
51798	Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging

ICD-10-CM Diagnosis Codes that Support Medical Necessity

ICD-10-CM Code	Description
A18.13	Tuberculosis of other urinary organs
C70.1	Malignant neoplasm of spinal meninges
C72.0	Malignant neoplasm of spinal cord
C72.1	Malignant neoplasm of cauda equina
D33.4	Benign neoplasm of spinal cord

ICD-10-CM Code	Description
E10.69	Type 1 diabetes mellitus with other specified complications
E11.69	Type 2 diabetes mellitus with other specified complication
G20	Parkinson's disease
G35	Multiple sclerosis
G37.3	Acute transverse myelitis in demyelinating disease of central nervous system
G82.21	Paraplegia, complete
G82.22	Paraplegia, incomplete
G83.4	Cauda equina syndrome
N30.10 through N30.11	Interstitial cystitis, chronic
N30.20 through N30.21	Other chronic cystitis
N31.0 through N31.9	Neuromuscular dysfunction of bladder, not elsewhere classified
N32.0 through N32.89	Other disorders of bladder
N39.0 through N39.8	Other disorders of urinary system
N40.1	Benign prostatic hyperplasia with lower urinary tract symptoms
N40.3	Nodular prostate with lower urinary tract symptoms
N81.0 through N81.9	Female genital prolapse
Q05.0 through Q05.9	Spina bifida
Q06.0 through Q06.9	Other congenital malformations of spinal cord
Q07.00 through Q07.9	Other congenital malformations of nervous system
Q42.0 through Q42.3	Congenital absence, atresia and stenosis of large intestine
R33.8	Other retention of urine
R33.9	Retention of urine, unspecified
R35.1	Nocturia
R39.11	Hesitancy of micturiation
R39.14	Feeling of incomplete bladder emptying
R39.81	Functional urinary incontinence
~~R35.1~~	~~Nocturia~~
S14.0XXA through S14.9XXS	Injury of nerves and spinal cord at neck level
S24.0XXA through S24.9XXS	Injury of nerves and spinal cord at thorax level

ICD-10-CM Code	Description
S34.01XA through S34.9XXS	Injury of lumbar and sacral spinal cord and nerves at abdomen, lower back and pelvis level

In addition to the above ICD-10 codes, the following additional diagnosis codes support medical necessity for CPT code 51798.

ICD-10-CM Code	Description
N13.8	Other obstructive and reflux uropathy
~~N40.3~~	~~Nodular prostate with lower urinary tract symptoms~~
R33.0 through R33.9	Retention of urine
R35.0	Frequency of micturition

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Converted corporate to local policy.	2/21	
Annual review completed. Codes checked. References updated and reformatted for AMA style. Changed "Review Date" in the header to "Date of Last Revision" and "Date" in the revision log header to "Revision Date." Added "and may not support medical necessity" to coding implications. Specialty review completed.	2/22	4/14/22
References reviewed and updated. In 1.D.1, changed "incontinence associated with recurrent UTI" to "Urinary incontinence." Codes checked. Updated background with no impact to policy statement. Added "and may not support medical necessity" to Coding Implications section.	5/22	
Annual review. Added criteria I.D.5. for 4.5. Prostate nodule, asymmetry or other suspicion of prostate cancer. Moved N40.3 from ICD-10 Table 2 to ICD-10 Table 1. References reviewed and updated.	5/23	

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Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. LHCC makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved.

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