



# American Urological Association

January 2010

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Dear Carrier Medical Director:

The American Urological Association has received information that some insurance carriers might have some misinformation on the use of urodynamics as a diagnostic tool prior to treatment for incontinence in males and females. Urodynamic studies consist of many different tests done in conjunction with one another to determine what type of urinary incontinence the patient has and which treatment options are best for the patient's condition. In 2010, new CPT Category I CPT codes were established by the American Medical Association to capture the performance of CMG, UPP and bladder pressure studies in different combinations. All other CPT codes for urodynamics remain the same.

The procedures used in urodynamic diagnostic studies are outlined & described in detail. Each component of the urodynamics testing is a separately identifiable procedure unless otherwise indicated in the CPT descriptor. The American Urological Association has been instructing our urologist members on the proper coding for these procedures and informs these members to append the -51 multiple procedure modifier for each subsequent test.

The AUA strongly encourages that these improper edits in your claims processing system be eliminated so that urologists will receive adequate reimbursement for the proper and beneficial treatment of their patients and your insureds.

**In the case of an appeal, all other correspondence should be directed to the medical office requesting the review of the denied claim.**

If you need further information or clarification on urodynamics testing, please do not hesitate to contact Stephanie N. Stinchcomb, Manager of Reimbursement, American Urological Association at 866-746-4282, extension 3786.

Sincerely,

Steven M. Schlossberg, M.D.  
Chair, Health Policy Council



Annual Meeting  
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San Francisco, CA USA

[www.AUA2010.org](http://www.AUA2010.org)

The American Urological Association, in an effort to help insurance carriers understand the use of urodynamics testing in determining the diagnosis of urinary incontinence and the appropriate treatment, offers the following explanations of the components of urodynamics diagnostic studies and the appropriate CPT codes to report these diagnostic tests. The bladder is a two-phase organ: storage and emptying. Some testing components are appropriate for the storage phase and some for the emptying phase of the bladder function. No one test can accomplish the evaluation of both phases.

**51725 Simple cystometrogram (CMG) (eg, spinal manometer)** simply regards placing a small catheter in the bladder and filling the bladder up by gravity and then measuring not only bladder capacity, but overall bladder storage pressures (as compared to emptying pressures which are not measured with this study.) The observer analyzes the column of fluid entering the bladder, which indicate changes in bladder storage pressures. The catheter is usually removed and the patient asked to perform a variety of maneuvers such as to increase abdominal pressure, such as coughing and straining to see if urinary incontinence occurs, which is termed a Marshall test.

**51726 Complex cystometrogram (eg, calibrated electronic equipment)** refers to complex pressure evaluation in the bladder, involving placing a urethral catheter into the lumina bladder and filling this catheter while simultaneously measuring pressure in the bladder during the filling using electronic equipment. CPT code 51726 is a measure of bladder storage only and implies only the filling phase of the cystometrogram, with no other components included.

**51727 Complex cystometrogram (ie, calibrated electronic equipment); with urethral pressure profile studies (ie, urethral closure pressure profile), any technique** is a combined code for both the complex cystometrogram and the urethral pressure profile study. The cystometrogram refers to complex pressure evaluation in the bladder, involving placing a urethral catheter into the lumina bladder and filling this catheter while simultaneously measuring pressure in the bladder during the filling using electronic equipment. The complex CMG really implies only the filling phase of the cystometrogram and the urethral pressure profile (UPP) studies the measurement of urethral closure pressures done by any technique. This is also referred to as a “Valsalva leak point pressure study”. This procedure is an intrinsic measurement of urethral function. With the bladder at a pre-established volume, (150 cc) filling of the bladder interrupted and the patient is asked to perform maneuvers which increase abdominal pressure, such as valsalva maneuver while simultaneously observing the urethra for urinary loss occurring around the infusion catheter. If no leakage is observed, the test is repeated every 50-100 cc of further bladder capacity until either leakage is observed or bladder capacity is reached.

**51728 Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure), any technique** is a combined code for both the complex cystometrogram and a voiding bladder pressure study. The cystometrogram refers to complex pressure evaluation in the bladder, involving placing a urethral catheter into the lumina bladder and filling this catheter while simultaneously measuring pressure in the bladder during the filling using electronic equipment. While

the CMG is a studies the filling stage, the bladder pressure study actually monitors the voiding stage of the bladder. The patient actually urinates around the catheter and pressures in the bladder are measured. This represents the evacuation phase of the urinary tract and is a very important tool in helping determine obstruction in men with enlarged prostate and also obstruction in women who have had prior surgical procedures. Do not bill 51726 in addition to this code.

**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** is a combined code when a CMG, a bladder voiding pressure study and the urethral pressure profile (UPP) study are performed during the same session. The cystometrogram refers to complex pressure evaluation in the bladder, involving placing a urethral catheter into the lumina bladder and filling this catheter while simultaneously measuring pressure in the bladder during the filling using electronic equipment. The complex CMG really implies only the filling phase of the cystometrogram. The urethral pressure profile (UPP) study and the bladder pressure study monitors the voiding stage of the bladder. The urethral closure pressure is also referred to as a “Valsalva leak point pressure study”. This procedure is an intrinsic measurement of urethral function. With the bladder at a pre-established volume, (150 cc) filling of the bladder interrupted and the patient is asked to perform maneuvers which increase abdominal pressure, such as valsalva maneuver while simultaneously observing the urethra for urinary loss occurring around the infusion catheter. If no leakage is observed, the test is repeated every 50-100 cc of further bladder capacity until either leakage is observed or bladder capacity is reached. In the bladder pressure study, the patient actually urinates around the catheter and pressures in the bladder are measured. This represents the evacuation phase of the urinary tract and is a very important tool in helping determine obstruction in men with enlarged prostate and also obstruction in women who have had prior surgical procedures. Do not bill 51726 in addition to this code.

**51797 Voiding pressure studies (VP); intra-abdominal voiding pressure (AP) (rectal, gastric, intraperitoneal) (Add on code)** refers to intra-abdominal pressure monitoring, and usually implies that a rectal catheter has been placed as part of the evaluation. A simultaneous urethral catheter is also placed in order to measure specific bladder pressures during the voiding phase. The purpose of the rectal catheter is to determine if the patient is straining during the voiding event. CPT code 51797 represents a separate and discreet service and can only be reported in combination with 51728 or 51729. It cannot be billed by itself.

**51736 Simple uroflometry (UFR) (eg, stop-watch flow rate, mechanical uroflowmeter)** refers to the visual observation of urine flow or utilization of a stopwatch to gauge the flow of urine.

**51741 Complex uroflowmetry (eg, calibrated electronic equipment)** is a truly complex, automated uroflow, usually performed by machinery and calibrated electronic equipment. This is the most commonly used code now and should be substituted in all cases, except the stopwatch or visual observation of urine flow is utilized, which is 51736.

**51784 Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique** usually involves placing patch EMG electrodes around the urethral sphincter and is done concomitantly with 51726, 51728 or 51729.

**51785 Needle electromyography studies (EMG) of anal or urethral sphincter, any technique** performed using needles to obtain data on pelvic floor muscle activity to determine changes in muscular recording during filling and also at rest in patients with neurologic disease. This procedure can be done concomitantly with 51726, the complex CMG but cannot be performed with 51784.

**51792 Stimulus evoked response** (eg, measurement of bulbocavernosus reflex latency time) involves stimulating the sacral reflex arch (S2 through S4) by applying some form of stimulus to the glans or clitoris and measuring motor activity either in the pelvic floor or at the urethral sphincter. This evaluation is usually performed as an independent test to all others listed.

A separate report and interpretation should be provided for each of the services performed as part of the urodynamics study. The test with the highest RVU should be reported first, with all other testing reported with the -51 modifier appended.