[Date]

[Health Plan Name]

[Street Address]

[City, State Zip]

RE: [Patient’s Name/Policy Number]

Claim Number: [claim #]

**To Whom It May Concern:**

I am writing to appeal the enclosed claim denial of coverage for a non-invasive, multi-day, multi-void home uroflow study using a physician provided home uroflowmeter leased for my patient, [patient’s name] that was performed on [date of service]. The decision to perform this service was based on my extensive medical knowledge and first-hand evaluation. This letter provides a description of the test, a summary of the clinical results, a copy of the report and medical necessity for using the at home uroflowmeter and service. We researched the CPT Manual and there is no specific CPT code that adequately describes the multi-day voiding study performed; therefore, we submitted the unlisted CPT procedure code 53899 *Multi-Day in-home comp Uroflow study Addtl docs upon request*.

I prefer to perform voiding studies using a non-invasive home flow meter for my male BPH patients. Compared to a single office-based test, multiple voids collected at home provide much greater resolution and a more accurate assessment of a patient’s true voiding function[[1]](#footnote-1).

**Clinical Application**

The single most obvious and objective symptom of most men's urodynamic complaints is a hesitant flow or a low flow rate; as such a basic diagnostic tool of the urologist is the flow meter. The flow meter provides me with volume voided, flow pattern, flow rate, evidence of hesitancy and statistical averages for each of these data points. The problem with in clinic uroflow (CPT code 51741: *Complex uroflowmetry (eg, calibrated electronic equipment*)) is that due to intra-patient voiding variability data collected in the clinic is unreliable and may or may not be representative of the patient’s true voiding condition.

Numerous peer reviewed studies support multiple voids over multiple days to reach acceptable variance values in average maximum flow (Qmax) and average flow (Qavg)[[2]](#footnote-2), [[3]](#footnote-3) Multiple measurements over multiple days are not possible in the clinic and can only be performed at home. At home uroflowmetry provides a more realistic assessment of the patient’s true voiding behavior by capturing individual voiding variability, specific and average peak flow rates, and volumes. Also captured are voiding time throughout the day and nighttime to objectively measure the scope and severity of any nocturia. All of these factors help me make better decisions in patient care and meet the criteria for medical necessity ahead of more invasive and potentially more risky diagnostic procedures.

**Description of the Procedure**

A patient presenting with BPH or other LUTS complaints is prescribed an at home uroflow test (provided by Stream Dx). The Stream Dx uroflowmeter is sent to the patient’s home. The patient voids in the uroflowmeter in the comfort of their home for 7 to 10 days. Once the patient completes the study, a report is generated which includes a summary of all voiding profiles, maximum flow rates, and average flow rates by three different time segments of the day. The patient report also includes a Liverpool nomogram and an IPSS score. This gives me a much more comprehensive picture of the patient’s urinary health to assist in making better medical decisions quickly.

**Clinical Rational for Medical Necessity and Billing**

The use of home uroflowmetry for remote patient monitoring and diagnosis offers several advantages when compared to in clinic, point of care testing.

* Urine flow rates and voiding behavior change throughout the day. This variation and level of resolution is missed when a single flow study is used. Furthermore, this variation can be helpful with identifying appropriate timed interventions including optimizing medication administration times, fluid restrictions, and behavior modification.
* Research shows that multiple voids (approximately30) are necessary to determine a patient’s true voiding function.
* Patient’s feel more comfortable voiding in the privacy of their own homes. Studies show that in-clinic uroflow tests are often invalid measurements that are not reflective of the patient’s true voiding behavior.
* Remote uroflowmetry provides urologists accurate, reliable, objective data to facilitate appropriate care and management in addition to the patient’s subjective claims. It is also an appropriate and medically necessary test that should be obtained prior to ordering more invasive diagnostic procedures.

A comprehensive, non-invasive, multi-day, multi-void home uroflow study allows me to have important diagnostic insights, including the determination of whether a patient has voided volume issues, flow rate issues, obstructed flow pattern, or evidence of hesitancy and straining all of which may or may not be evident in a single in clinic void.

I performed a non-invasive, multi-void multi-day in-home comprehensive uroflow study. Previously, I used CPT 51741, *Complex uroflowmetry (e.g., calibrated electronic equipment)* for a single, in-clinic uroflow. However, due to a preponderance of literature now supporting multiple voids in the home versus a single void in the clinic, I believe that this comprehensive voiding report is both a relevant and valuable diagnostic test. The test is particularly relevant to male LUTS and BPH patients and captures their voids as naturally as possible in the comfort of their home and according to their normal micturition phase. I have determined that unlisted CPT Code 53899 (*Unlisted procedure, urinary system*) best reflects the service. CPT Code (51741: *Complex uroflowmetry (eg, calibrated electronic equipment*)) does not cover the costs for patient training, shipping to and from the patient’s home, and interpretation of a more complicated and comprehensive report. While remote patient monitoring (RPM) CPT Codes 99435, 99454, 99457, and 99458 are comparable codes, collecting urine flow data does not require 16 days.

**Clinical Literature**

Multiple day Uroflow studies are well documented as more accurate than single in clinic Uroflow tests. The at home uroflow service used with this patient is an FDA Registered clinically accurate device that has been used in a peer reviewed study. The peer reviewed publication (Journal of Urology, April 2021) consisted of 625 patients and 19,824 voids and concluded that because of intra patient voiding variability 30 voids are needed to get within +/- 10% of a patient’s true average maximum flow rate. A single in clinic void can only get within +/- 50%[[4]](#footnote-4). Another peer reviewed study showed that only 37 % of in clinic flow studies are interpretable because of insufficient volume[[5]](#footnote-5). There are additional published peer-reviewed articles supporting home uroflowmetry and are available upon request.

**Summary**

Multiple voids over multiple days (approximately 30 voids over 7 to 10 days) are not possible in the clinic setting and existing CPT codes for this valuable service (lease and purchase of the equipment, patient training, shipping to and from the patient’s home, and interpretation of the report) do not exist. The use of CPT Code 53899 for at home uroflowmetry is justified as no suitable CPT Code/s exists.

Due to the patient’s complaints of BPH and other LUTS symptoms an at home comprehensive uroflow study was medically necessary and appropriate to assess the patient’s condition prior to ordering other more invasive diagnostic procedures. We are requesting payment for this valuable clinical tool under the unlisted code 53899*Multi-Day in-home comp Uroflow study Addtl docs upon request*. If you require additional information regarding our application of the technology or this patient, please contact me at [insert telephone number].

Sincerely,

(Physician Name)

(Provider number)

(Street Address)

(City, State Zip)

1. Stephen J. Summers, Joseph M. Armstrong, Steven A. Kaplan, Alex E. Te, Alvin Le, Scott M. Heiner, Angela P. Presson, Guo Wei and James M. Hotaling, Male Voiding Behavior: Insight from 19,824 At-Home Uroflow Profiles, *The Journal of Urology®*, doi: 10.1097/JU.0000000000001504 Vol. 205, 1126-1132, April 2021. [↑](#footnote-ref-1)
2. Meier A. van Waalwijk van Doorn ESC, van der Vleuten CPM, Delaere KPJ, and Janknegt RA. Reliability of free uroflowmetry using repeated measurements of homeflowmetry in males. Neurourol Urodyn. 1994;13:453-455. [↑](#footnote-ref-2)
3. Sonke GS, Kiemeney LA, Verbeek AL, Kortmann BB, Debruyne FM, de la Rosette JJ. Low reproducibility of maximum urinary flow rate determined by portable flowmetry. Neurourol Urodyn. 1999;18(3):183-191. [↑](#footnote-ref-3)
4. Stephen J. Summers, Joseph M. Armstrong, Steven A. Kaplan, Alex E. Te, Alvin Le, Scott M. Heiner, Angela P. Presson, Guo Wei and James M. Hotaling, Male Voiding Behavior: Insight from 19,824 At-Home Uroflow Profiles, *The Journal of Urology®*, doi: 10.1097/JU.0000000000001504 Vol. 205, 1126-1132, April 2021 [↑](#footnote-ref-4)
5. Jason Chandrapal, Randy C. Bowen, Darshan P. Patel, Alvin Le, James M. Hotaling and Andrew W. Southwick., High Rates of Inadequate Urine Volume Cause Failure of Clinic Based Uroflowmetry in Men with Lower Urinary Tract Symptoms, *UROLOGY PRACTICE* http://dx.doi.org/10.1016/j.urpr.2015.08.003 Vol. 3, 247-250, July 2016 [↑](#footnote-ref-5)