[Date]

[Health Plan Name]

[Street Address]

[City, State Zip]

RE: [Patient’s Name/Policy Number]

Claim Number: [claim #]

To Whom It May Concern:

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 a greater resolution and more accurate assessment of a patient’s true voiding function[[1]](#footnote-1). A multiple day voiding study was completed on [Date]. We have researched the current CPT Manual and there is no specific CPT code that adequately describes the procedure performed; therefore, we must submit the unlisted CPT procedure code 53899 *Unlisted procedure, Urinary system*.

**Clinical Application**

The single most obvious and objective symptom of most men's urodynamic complaints is a hesitant flow or a poor flow rate; as such a basic diagnostic tool of the urologist is the flow meter. The flow meter can provide me with volume voided, flow pattern, flow rate, evidence of hesitancy and statistical averages for each of these data points. 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 performed at home provides a more realistic assessment of true voiding behavior by capturing individual voiding variability which helps me make better decisions in patient care.

**Description of the Procedure**

A patient presenting with BPH, or other Lower Urinary Tract Systems is prescribed an at home uroflow test (provided by Stream Dx). The Stream Dx uroflowmeter, under lease to the practice, is sent to the patient’s home. The patient is trained and voids in the uroflowmeter for 7 to 10 days in the natural setting of the patient’s home. Maximum flow rate, average flow rate, volume and time of day of each void is captured. Additional voiding parameter metrics (avg Vol, max Vol, etc.) are also provided. Once the patient completes the study, a report is generated which includes a summary of all voiding profiles, maximum flow rates, average flow rates by three different time segments of the day. A Liverpool nomogram and IPSS score are also provided. This gives me a more comprehensive picture of a patient’s urinary health to assist in medical decision making.

**Clinical Rational for use of home uroflowmetry with the Stream Dx device.**

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 changes throughout the day. This variation 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 (30 or more) 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 in addition to the patient’s subjective claims.

I performed a non-invasive, multi-void multi-day in-home comprehensive uroflow study. Previously, I simply used CPT 51741, *Complex uroflowmetry (e.g., calibrated electronic equipment)* for a single, in-clinic uroflow. 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 a relevant and valuable diagnostic test. The test is particularly relevant to certain 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.

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.

**Summary of Clinical Literature**

Multiple day Uroflow studies are well documented as more accurate than single, in clinic Uroflow tests. The Stream Dx device is FDA registered. A peer reviewed publication in the Journal of Urology consisting of 625 patients and 19,824 voids concluded that because of intra patient 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 other published peer-reviewed articles supporting home uroflowmetry (available upon request).

Finally, multiple voids over multiple days (30+ voids over 7-10 days) are not possible in the clinic setting and existing CPT codes for this valuable service do not exist. We are requesting payment for this valuable clinical tool under the unlisted code 53899 **Multi-Day in-home comp Uroflow study**. 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)