[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 bladder voiding pressure study using non-invasive urodynamics to evaluate Bladder Outlet Obstruction (BOO) 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 procedure, a summary of the clinical results, and a rationale for using the urethral compression penile cuff system. We researched the CPT Manual and there is no specific CPT code that adequately describes the procedure performed; therefore, we submitted the unlisted CPT procedure code 53899.

**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 the most 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. What it doesn’t provide is bladder voiding pressure, which is a key element in diagnosing and managing BOO. Without bladder voiding pressure it is impossible to understand the cause of flow, be it from abdominal straining or the result of a bladder contraction. Prior to the urethral compression penile cuff, the only method available to evaluate bladder voiding pressure was to perform invasive urodynamic testing. The penile cuff test works without requiring a foreign object in the urethra; therefore, it is a safer and more natural way to measure bladder voiding pressure.

**Description of the Procedure**

The urethral compression penile cuff system non-invasively diagnoses BOO in men. The principle of the test is similar to blood pressure measurement. When the patient is ready to void, a small pneumatic cuff is fitted to the penis and surface electrodes are placed on the perineum and abdomen. When voiding has commenced, the instrument slowly inflates the cuff until the stream is interrupted. The cuff pressure required to interrupt flow equals bladder voiding pressure at the time of interruption. Cuff pressure is then quickly released, allowing flow to resume. The cycle is repeated until voiding is complete.

**Clinical Literature**

The penile cuff test has extensive peer-reviewed clinical publications. There are over 40 published peer-reviewed clinical articles, plus additional peer-reviewed abstracts and posters. Many of the articles have been published in the most respected urology journals, including more than a dozen publications in The Journal of Urology. These publications consistently demonstrate the use of the penile cuff test to differentially predict BPH procedure outcomes, as well as its strong correlation with traditional catheter-based urodynamics. I have enclosed four attachments to this letter:

1. A summary which lists the articles published on the penile cuff test.
2. A 2015 article published by Matulewicz and Hairston comparing the voiding pressure study performed with the penile cuff test to catheterized voiding pressure.
3. A 2014 article published by Bianchi et al. demonstrating the penile cuff test as a predictor of BPH procedures.
4. A 2013 article published by Losco et al. also demonstrating the penile cuff test as a predictor of BPH procedures.

**Clinical Rationale for Treatment with the urethral compression penile cuff**

There are three advantages of performing Bladder Voiding Pressure Studies non-invasively:

1. Patient Tolerance: The clinical literature and my clinical experience indicate that patients tolerate non-invasive measurements better than invasive measurements in Bladder Voiding Pressure Studies.
2. Patient Safety: Placing a catheter in the bladder to measure vesicle pressure comes with several risks, which are described by the current AUA SUFU Urodynamics Guideline as follows: *“Many types of urodynamic testing require urethral catheterization and include cystometry, PFS and VUDS including urethral function testing. Such testing subjects patients to risks of urethral instrumentation including infection, urethral trauma and pain.”*
3. The effect of a bladder catheter on measurement of pressure and urine flow: The clinical literature confirms that the placement of a catheter in the bladder and urethra during micturition effects both bladder performance and urine flow.

**Direct Comparison to CPT 51728**

A Bladder Voiding Pressure Study with natural fill represents performing part of CPT Code 51728, as there is no complex cystometrogram performed with a natural fill. The capital and disposables costs are nearly identical to a urodynamic study (51728). The penile cuff test provides the same clinical data as the pressure-flow component integral to CPT 51728.

**Request for Coverage**

I performed a bladder voiding pressure study without a complex cystometrogram. Prior to 2010, I simply used “CPT 51795 — Voiding pressure studies; bladder voiding pressure, any technique”. I believe that this is a relevant and valuable exam, as the patient naturally fills the bladder and a voiding pressure study is performed on the micturition phase. This test is particularly relevant to certain male LUTS patients.

Like nearly all complex CMG studies performed with a bladder voiding pressure study, I simultaneously perform complex uroflowometry and EMG study of the anal or urethral sphincter. The measurement of uroflowometry and perianal EMG during a bladder voiding pressure study allow for a comparison of pressure and flow, as well as the determination of detrusor-sphincter dyssynergia. These three sets of data allow me to have important diagnostic insights, including the determination of whether a patient has bladder outlet obstruction and to what degree.

I therefore request a re-review of this claim and allow payment for CPT code 53899. I am available to discuss this request via a conference call at a mutually convenient time. In advance, thank you for your time and reconsideration.

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)