Clinical Policy: Urodynamic Testing

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Coding Implications
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.

NOTE: Per state requirements, any determination that a requested service or item is not medically necessary shall be made by a PHW/Centene Medical Director.

Policy/Criteria

I. It is the policy of health plans affiliated with Centene Corporation® 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 including 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;
    5. Prostate nodule, asymmetry or other suspicion of prostate cancer;
    6. Abnormal post void residual urine volume;
    7. Diabetes mellitus with secondary urinary incontinence;
    8. Neurological conditions affecting voiding function (neurogenic bladder) such as multiple sclerosis, Parkinson's disease, and spinal cord lesions or injury;
    9. Complex anorectal malformation.

II. It is the policy of health plans affiliated with Centene Corporation 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 abnormalities 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

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2025, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. The following is a list of procedures codes for which coverage may be provided when billed with a diagnosis code(s) that supports medical necessity criteria (see list of ICD10-CM codes supporting medical necessity further below). They are current at time of review of this policy. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

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)
51792	Stimulus evoked response (Eg, measurement of bulbocavernous reflex latency time)
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
A52.10	Symptomatic neurosyphilis, unspecified
A52.11	Tabes dorsalis
A52.12	Other cerebrospinal syphilis
A52.13	Late syphilitic meningitis
A52.14	Late syphilitic encephalitis
A52.15	Late syphilitic neuropathy
A52.16	Charcot's arthropathy (tabetic)
A52.17	General paresis
A52.19	Other symptomatic neurosyphilis
A52.3	Neurosyphilis, unspecified
A80.9	Acute poliomyelitis, unspecified
C61	Malignant neoplasm of prostate
C70.1	Malignant neoplasm of spinal meninges
C72.0	Malignant neoplasm of spinal cord
C72.1	Malignant neoplasm of cauda equina
C79.82	Secondary malignant neoplasm of genital organs
D29.1	Benign neoplasm of prostate
D33.4	Benign neoplasm of spinal cord
D40.0	Neoplasm of uncertain behavior of prostate
D49.4	Neoplasm of unspecified behavior of bladder
D49.511	Neoplasm of unspecified behavior of right kidney
D49.512	Neoplasm of unspecified behavior of left kidney
D49.519	Neoplasm of unspecified behavior of unspecified kidney
D49.59	Neoplasm of unspecified behavior of other genitourinary organ
E10.21	Type 1 diabetes mellitus with diabetic nephropathy
E10.22	Type 1 diabetes mellitus with diabetic chronic kidney disease
E10.29	Type 1 diabetes mellitus with other diabetic kidney complication
E10.49	Type 1 diabetes mellitus with other diabetic neurological complication
E10.69	Type 1 diabetes mellitus with other specified complications
E11.21	Type 2 diabetes mellitus with diabetic nephropathy
E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease
E11.29	Type 2 diabetes mellitus with other diabetic kidney complication
E11.49	Type 2 diabetes mellitus with other diabetic neurological complication
E11.69	Type 2 diabetes mellitus with other specified complication
E13.21	Other specified diabetes mellitus with diabetic nephropathy
E13.22	Other specified diabetes mellitus with diabetic chronic kidney disease
E13.29	Other specified diabetes mellitus with other diabetic kidney complication
E13.49	Other specified diabetes mellitus with other diabetic neurological complication
E13.610	Other specified diabetes mellitus with diabetic neuropathic arthropathy
F45.8	Other somatoform disorders
F98.0	Enuresis not due to a substance or known physiological condition
G04.1	Tropical spastic paraplegia

ICD-10-CM Code	Description
G04.90	Encephalitis and encephalomyelitis, unspecified
G04.91	Myelitis, unspecified
G12.21	Amyotrophic lateral sclerosis
G20.A1	Parkinson's disease without dyskinesia, without mention of fluctuations
G20.A2	Parkinson's disease without dyskinesia, with fluctuations
G20.B1	Parkinson's disease with dyskinesia, without mention of fluctuations
G20.B2	Parkinson's disease with dyskinesia, with fluctuations
G20.C	Parkinsonism, unspecified
G21.4	Vascular parkinsonism
G24.1	Genetic torsion dystonia
G35.A	Relapsing-remitting multiple sclerosis
G35.B0	Primary progressive multiple sclerosis, unspecified
G35.B1	Active primary progressive multiple sclerosis
G35.B2	Non-active primary progressive multiple sclerosis
G35.C0	Secondary progressive multiple sclerosis, unspecified
G35.C1	Active secondary progressive multiple sclerosis
G35.C2	Non-active secondary progressive multiple sclerosis
G35.D	Multiple sclerosis, unspecified
G37.3	Acute transverse myelitis in demyelinating disease of central nervous system
G37.4	Subacute necrotizing myelitis of central nervous system
G60.9	Hereditary and idiopathic neuropathy, unspecified
G82.20	Paraplegia, unspecified
G82.21	Paraplegia, complete
G82.22	Paraplegia, incomplete
G82.50	Quadriplegia, unspecified
G82.51	Quadriplegia, C1-C4 complete
G82.52	Quadriplegia, C1-C4 incomplete
G82.53	Quadriplegia, C5-C7 complete
G82.54	Quadriplegia, C5-C7 incomplete
G83.4	Cauda equina syndrome
M46.41	Discitis, unspecified, occipito-atlanto-axial region
M46.42	Discitis, unspecified, cervical region
M46.43	Discitis, unspecified, cervicothoracic region
M46.44	Discitis, unspecified, thoracic region
M46.45	Discitis, unspecified, thoracolumbar region
M46.46	Discitis, unspecified, lumbar region
M46.47	Discitis, unspecified, lumbosacral region
M50.80	Other cervical disc disorders, unspecified cervical region
M50.81	Other cervical disc disorders, high cervical region
M50.83	Other cervical disc disorders, cervicothoracic region
M50.90	Cervical disc disorder, unspecified, unspecified cervical region
M50.91	Cervical disc disorder, unspecified, high cervical region
M50.93	Cervical disc disorder, unspecified, cervicothoracic region

ICD-10-CM Code	Description
M51.84	Other intervertebral disc disorders, thoracic region
M51.85	Other intervertebral disc disorders, thoracolumbar region
M51.86	Other intervertebral disc disorders, lumbar region
M51.87	Other intervertebral disc disorders, lumbosacral region
N13.0	Hydronephrosis with ureteropelvic junction obstruction
N13.1	Hydronephrosis with ureteral stricture, not elsewhere classified
N13.2	Hydronephrosis with renal and ureteral calculous obstruction
N13.39	Other hydronephrosis
N13.70	Vesicoureteral-reflux, unspecified
N13.71	Vesicoureteral-reflux without reflux nephropathy
N13.721	Vesicoureteral-reflux with reflux nephropathy without hydroureter, unilateral
N13.731	Vesicoureteral-reflux with reflux nephropathy with hydroureter, unilateral
N30.10 through N30.11	Interstitial cystitis (chronic) without hematuria/with hematuria
N30.20 through N30.21	Other chronic cystitis without hematuria/with hematuria
N31.0 through N31.9	Neuromuscular dysfunction of bladder, not elsewhere classified
N32.0 through N32.89	Other disorders of bladder
N35.010	Post-traumatic urethral stricture, male, meatal
N35.011	Post-traumatic bulbous urethral stricture
N35.012	Post-traumatic membranous urethral stricture
N35.013	Post-traumatic anterior urethral stricture
N35.014	Post-traumatic urethral stricture, male, unspecified
N35.021	Urethral stricture due to childbirth
N35.028	Other post-traumatic urethral stricture, female
N35.811	Other urethral stricture, male, meatal
N35.812	Other bulbous urethral stricture, male
N35.813	Other membranous urethral stricture, male
N35.814	Other anterior urethral stricture, male
N35.816	Other urethral stricture, male, overlapping sites
N35.819	Other urethral stricture, male, unspecified site
N35.82	Other urethral stricture, female
N36.0	Urethral fistula
N36.1	Urethral diverticulum
N36.41	Hypermobility of urethra
N36.42	Intrinsic sphincter deficiency (ISD)
N36.43	Combined hypermobility of urethra and intrinsic sphincter deficiency
N36.44	Muscular disorders of urethra
N36.8	Other specified disorders of urethra
N37	Urethral disorders in diseases classified elsewhere

ICD-10-CM Code	Description
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
N42.81	Prostatodynia syndrome
N42.82	Prostatosis syndrome
N42.83	Cyst of prostate
N42.89	Other specified disorders of prostate
N81.0 through N81.9	Female genital prolapse
N82.0	Vesicovaginal fistula
N82.1	Other female urinary-genital tract fistulae
N99.110	Postprocedural urethral stricture, male, meatal
N99.111	Postprocedural bulbous urethral stricture, male
N99.112	Postprocedural membranous urethral stricture, male
N99.113	Postprocedural anterior bulbous urethral stricture, male
N99.12	Postprocedural urethral stricture, female
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
Q62.11	Congenital occlusion of ureteropelvic junction
Q62.12	Congenital occlusion of ureterovesical orifice
Q62.2	Congenital megaureter
Q62.39	Other obstructive defects of renal pelvis and ureter
Q64.11	Supravesical fissure of urinary bladder
Q64.2	Congenital posterior urethral valves
Q64.31	Congenital bladder neck obstruction
Q64.32	Congenital stricture of urethra
Q64.33	Congenital stricture of urinary meatus
Q64.39	Other atresia and stenosis of urethra and bladder neck
Q64.5	Congenital absence of bladder and urethra
Q64.6	Congenital diverticulum of bladder
Q64.71	Congenital prolapse of urethra
Q64.72	Congenital prolapse of urinary meatus
Q64.73	Congenital urethrorectal fistula
Q64.74	Double urethra
Q64.75	Double urinary meatus
Q64.79	Other congenital malformations of bladder and urethra

ICD-10-CM Code	Description
R32	Unspecified urinary incontinence
R33.0	Drug induced retention of urine
R33.8	Other retention of urine
R33.9	Retention of urine, unspecified
R34	Anuria and oliguria
R35.0	Frequency of micturition
R35.1	Nocturia
R39.11	Hesitancy of micturition
R39.12	Poor urinary stream
R39.13	Splitting of urinary stream
R39.14	Feeling of incomplete bladder emptying
R39.16	Straining to void
R39.81	Functional urinary incontinence
S14.0XXA through S14.9XXS	Injury of nerves and spinal cord at cervical level
S24.0XXA through S24.9XXS	Injury of nerves and spinal cord at thoracic level
S34.01XA through S34.9XXS	Injury of lumbar and sacral spinal cord and nerves at abdomen, lower back and pelvis level
T79.5XXA	Traumatic anuria, initial encounter
T79.5XXD	Traumatic anuria, subsequent encounter
T79.5XXS	Traumatic anuria, sequela

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
R33.0 through R33.9	Retention of urine
R35.0	Frequency of micturition

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Policy developed	09/15	10/15
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." Specialty review completed.	07/21	07/21

Reviews, Revisions, and Approvals	Revision Date	Approval Date
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.	03/22	03/22
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.	03/23	03/23
Annual review. References reviewed and update. Reviewed by external specialist.	03/24	03/24
Annual review. Updated I.D.6 to "Abnormal post void residual urine volume." Added CPT 51792 to CPT coding table. Added the following ICD-10 codes that support medical necessity: A52.10, A52.11, A52.12, A52.13, A52.14, A52.15, A52.16, A52.17, A52.19, A52.3, A80.9, C61, C79.82, D29.1, D40.0, D49.4, D49.511, D49.512, D49.519, D49.59, E10.21, E10.22, E10.29, E10.49, E13.21, E13.22, E13.29, E13.49, E13.610, F45.8, F98.0, G04.1, G04.90, G04.91, G12.21, G20.A1, G20.A2, G20.B1, G20.B2, G20.C, G21.4, G24.1, G37.4, G60.9, G82.20, G82.50, G82.51, G82.52, G82.53, G82.54, M46.41, M46.42, M46.43, M46.44, M46.45, M46.46, M46.47, M50.80, M50.81, M50.83, M50.90, M50.91, M50.93, M51.84, M51.85, M51.86, M51.87, N13.0, N13.1, N13.2, N13.39, N13.70, N13.71, N13.721, N13.731, N35.010, N35.011, N35.012, N35.013, N35.014, N35.021, N35.028, N35.811, N35.812, N35.813, N35.814, N35.816, N35.819, N35.82, N36.0, N36.1, N36.41, N36.42, N36.43, N36.44, N36.8, N37, N42.81, N42.82, N42.83, N42.89, N82.0, N82.1, N99.110, N99.111, N99.112, N99.113, N99.12, R39.12, R39.13, R39.16, T79.5XXA, T79.5XXD, T79.5XXS. References reviewed and updated.	03/25	03/25
Annual review. Added Medical Director determination statement to Policy Description section. Under. I.D. replaced "such as" with "including. Added ICD-10 codes as follows: G35.A, G35.B0, G35.B1, G35.B2, G35.C0, G35.C1, G35.C2, G35.D, Q62.11, Q62.12, Q62.2, Q62.39, Q64.11, Q64.2, Q64.31, Q64.32, Q64.33, Q64.39, Q64.5, Q64.6, Q64.71, Q64.72, Q64.73, Q64.74, Q64.75, Q64.79, R32, R33.0, R34, R35.0. Removed ICD-10 codes G20, G35. References reviewed and updated. Reviewed by external specialist.	06/2026	7/20/2026

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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. The Health Plan 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. "Health Plan" means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a

discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members/enrollees and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members/enrollees and their representatives agree to be bound by such terms and conditions by providing services to members/enrollees and/or submitting claims for payment for such services.

Note: For Medicaid members/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

- **Note:** *Per state requirements, any determination that a requested service or item is not medically necessary shall be made by a PHW/Centene Medical Director.*

Note: For Medicare members/enrollees, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at http://www.cms.gov for additional information.