**Introduction**

The AUA/SUFU Guideline outlines the evaluation and treatment of stress urinary incontinence (SUI) and state that urodynamic (UDS) testing may be omitted in healthy females who have not undergone a prior SUI procedure. This recommendation is largely based on the data reported in the seminal Value of Urodynamic Evaluation (ValUE) trial from 2012. We sought to investigate the rates of UDS testing in those undergoing a SUI procedure before and after the ValUE trial publication.

**Methods**

- Dartmouth Institute’s Atlas Rate Generator, 100% Medicare claims data for 2011 and 2013
- 306 hospital referral regions (HHRs)
- Females with a diagnosis of SUI by ICD-9 codes + CPT code for urethral bulking or urethral sling procedure
- Calculated proportion of those who had a CPT code for UDS within one year prior to SUI procedure

**Conclusions**

- Significant regional variation in utilization of UDS in those undergoing a SUI procedure
- Nationally, the overall rates of pre-op UDS did not change significantly after the publication of the ValUE trial
- Larger proportion of HRRs demonstrated increased or unchanged rates between 2011 and 2013
- Further research is needed to investigate the differences in UDS testing after the distribution of the SUI AUA/SUFU guidelines

**Rates of UDS testing performed per female Medicare patient prior to incontinence procedure**

<table>
<thead>
<tr>
<th>Year</th>
<th>National average</th>
<th>Highest rate</th>
<th>Lowest rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>53% (16020/30131)</td>
<td>Monroe, LA 81% (48/59)</td>
<td>Jonesboro, AR 22% (14/64)</td>
</tr>
<tr>
<td>2013</td>
<td>55% (11,772/21579)</td>
<td>Longview, TX 88% (43/49)</td>
<td>Springfield, MO 22% (22/99)</td>
</tr>
</tbody>
</table>

*The data set forth was obtained from The Dartmouth Atlas, which is funded by the Robert Wood Johnson Foundation and The Dartmouth Clinical and Translational Science Institute, under award number UL1TR001086 from the National Center for Advancing Translational Sciences (NCATS) of the National Institutes of Health (NIH).*

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**Percentage of HHRs with Change in UDS Rates from 2011 to 2013**

- 40% (61/151) of HHRs decreased UDS rates
- 52% (79/151) of HHRs increased UDS rates

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**UDS Procedure**

- Urodynamics 51728, 51729
- Complex cystometrogram 51726
- Simple uroflometry 51736
- Pressure-flow study 51797
- Cystogram 51600
- EMG 51784, 51785
- Simple cystometrogram 51725
- Cystography 74430