

**LCD for Urological Supplies (L11551)****Contractor Information**

<b>Contractor Name</b>	AdminaStar Federal, Inc.
<b>Contractor Number</b>	00635
<b>Contractor Type</b>	DMERC

**LCD Information**

<b>LCD Database ID Number</b>	L11551
<b>LCD Title</b>	Urological Supplies
<b>Contractor's Determination Number</b>	URO
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<b>CMS National Coverage Policy</b>	None
<b>Primary Geographic Jurisdiction</b>	DC IL IN MD MI MN OH VA WI WV
<b>Oversight Region</b>	Region V
<b>CMS Consortium</b>	Midwest

<b>DMERC Region LCD Covers</b>	Region B
<b>Original Determination Effective Date</b>	For services performed on or after 10/01/1993
<b>Original Determination Ending Date</b>	Not Applicable
<b>Revision Effective Date</b>	For services performed on or after 04/01/2005
<b>Revision Ending Date</b>	Not Applicable
<b>Indications and Limitations of Coverage and/or Medical Necessity</b>	<p>For any item to be covered by Medicare, it must (1) be eligible for a defined Medicare benefit category, (2) be reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member, and (3) meet all other applicable Medicare statutory and regulatory requirements. For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity.</p> <p>For an item to be covered by Medicare, a written signed and dated order must be received by the supplier before a claim is submitted to the DMERC. If the supplier bills for an item addressed in this policy without first receiving the completed order, the item will be denied as not medically necessary.</p> <p>GENERAL:</p> <p>The statutory coverage criteria for coverage of urological supplies are specified in the related Policy Article.</p> <p>The medical necessity for use of a greater quantity of supplies than the amounts specified in the policy must be well documented in the patient's medical record and may be requested by the DMERC.</p> <p>INDWELLING CATHETERS (A4311-A4316, A4338-A4346):</p>

No more than one catheter per month is covered for routine catheter maintenance. Non-routine catheter changes are covered when documentation substantiates medical necessity, such as for the following indications:

- 1) Catheter is accidentally removed (e.g., pulled out by patient)
- 2) Malfunction of catheter (e.g., balloon does not stay inflated, hole in catheter)
- 3) Catheter is obstructed by encrustation, mucous plug, or blood clot
- 4) History of recurrent obstruction or urinary tract infection for which it has been established that an acute event is prevented by a scheduled change frequency of more than once per month

When a specialty indwelling catheter (A4340) or an all silicone catheter (A4344, A4312, or A4315) is used, there must be documentation in the patient's medical record of the medical necessity for that catheter rather than a straight Foley type catheter with coating (such as recurrent encrustation, inability to pass a straight catheter, or sensitivity to latex). In addition, the particular catheter must be necessary for the patient. For example, use of a Coude (curved) tip indwelling catheter (A4340) in female patients is rarely medically necessary. Documentation of medical necessity may be requested by the DMERC. If documentation is requested and does not substantiate medical necessity, payment will be made based on the least costly medically appropriate alternative (A4338, A4311, or A4314, respectively).

A three way indwelling catheter either alone (A4346) or with other components (A4313 or A4316) will be covered only if continuous catheter irrigation is medically necessary. (Refer to the section "Continuous Irrigation of Indwelling Catheters" for indications for continuous catheter irrigations.) In other situations, payment will be based on the least costly medically appropriate alternative (A4338, A4311, or A4314, respectively).

CATHETER INSERTION TRAY (A4310-A4316, A4353, and A4354):

One insertion tray will be covered per episode of indwelling catheter insertion. More than one tray per episode will be denied as not medically necessary.

One intermittent catheter with insertion supplies (A4353) will be covered per episode of medically necessary sterile intermittent catheterization (see below). Catheter insertion trays will be denied as not medically necessary for clean, non-sterile intermittent catheterization.

URINARY DRAINAGE COLLECTION SYSTEM (A4314-A4316, A4354, A4357, A4358, A5102, and A5112):

Payment will be made for routine changes of the urinary drainage collection system as noted below. Additional charges will be allowed for medically necessary non-routine changes when the documentation substantiates the medical necessity, (e.g., obstruction, sludging, clotting of blood, or chronic, recurrent urinary tract infection).

Usual Maximum Quantity of Supplies

Code (#/mo)

A4314 (1)

A4315 (1)

A4316 (1)

A4354 (1)

A4357 (2)

A4358 (2)

A5112 (1)

Code (#/3mo)

A5102 (1)

Leg bags are indicated for patients who are ambulatory or are chair or wheelchair bound. The use of leg bags for bedridden patients would be denied as not medically necessary.

If there is a catheter change (A4314-A4316, A4354) and an additional drainage bag (A4357) change within a month, the combined utilization for A4314-A4316, A4354, and A4357 should be considered when determining if additional documentation should be submitted with the claim. For example, if 1 unit of A4314 and 1 unit of A4357 are provided, this should be considered as two drainage bags, which is the usual maximum quantity of drainage bags needed for routine changes.

Payment will be made for either a vinyl leg bag (A4358) or a latex leg bag (A5112). The use of both is not medically necessary.

The medical necessity for drainage bags containing gel matrix or other material which are intended to be disposed of on a daily basis has not been established. Payment for this type of bag will be based on the allowance and usual frequency of change for the least costly medically appropriate alternative, code A4357.

INTERMITTENT IRRIGATION OF INDWELLING CATHETERS:

Supplies for the intermittent irrigation of an indwelling catheter are covered when they are used on an as needed (non-routine) basis in the presence of acute obstruction of the catheter. Routine intermittent irrigations of a catheter will be denied as not medically necessary. Routine irrigations are defined as those performed at predetermined intervals. In individual cases, the DMERC may request a copy of the order for irrigation and documentation in the patient's medical record of the presence of acute catheter obstruction when irrigation supplies are billed.

Covered supplies for medically necessary non-routine irrigation of a catheter include either an irrigation tray (A4320) or an irrigation syringe (A4322), and sterile water/saline (A4217). When syringes, trays, sterile saline, or water are used for routine irrigation, they will be denied as not medically necessary. Irrigation solutions containing antibiotics and chemotherapeutic agents (A9270) will be denied as noncovered. Irrigating solutions such as acetic acid or hydrogen peroxide, which are used for the treatment or prevention of urinary obstruction (A4321), will be denied as not medically necessary.

#### CONTINUOUS IRRIGATION OF INDWELLING CATHETERS:

Supplies for continuous irrigation of a catheter are covered if there is a history of obstruction of the catheter and the patency of the catheter cannot be maintained by intermittent irrigation in conjunction with medically necessary catheter changes. Continuous irrigation as a primary preventative measure (i.e., no history of obstruction) will be denied as not medically necessary. Documentation must substantiate the medical necessity of catheter irrigation and in particular continuous irrigation as opposed to intermittent irrigation. The records must also indicate the rate of solution administration and the duration of need. This documentation may be requested by the DMERC.

Covered supplies for medically necessary continuous bladder irrigation include a 3-way Foley catheter (A4313, A4316, and A4346), irrigation tubing set (A4355), and sterile water/saline (A4217). More than one irrigation tubing set per day for continuous catheter irrigation will be denied as not medically necessary.

Irrigation solutions containing antibiotics and chemotherapeutic agents (A9270) will be denied as noncovered. Payment for irrigating solutions such as acetic acid or hydrogen peroxide will be based on the allowance for sterile water/saline (A4217).

Continuous irrigation is a temporary measure. Continuous irrigation for more than 2 weeks is rarely medically necessary. The patient's medical records should indicate this medical necessity and these medical records may be requested by the

DMERC.

**INTERMITTENT CATHETERIZATION:**

Intermittent catheterization is covered when basic coverage criteria are met and the patient or caregiver can perform the procedure. When clean, non-sterile catheterization technique is used; Medicare will cover replacement of intermittent catheters (A4351-A4352) on a weekly basis unless there is documentation of the medical necessity for more frequent replacement. Non-sterile lubricating gel (A4402) would be covered for use with clean, non-sterile catheterization technique. Eight units of service (8 oz.) would be covered per month. An individual packet of lubricant (A4332) is not medically necessary for clean, non-sterile intermittent catheterization.

Intermittent catheterization using sterile technique is covered when the patient requires catheterization and the patient meets one of the following criteria (1-5):

- 1) The patient resides in a nursing facility,
- 2) The patient is immunosuppressed, for example (not all-inclusive):
  - on a regimen of immunosuppressive drugs post-transplant,
  - on cancer chemotherapy,
  - has AIDS,
  - has a drug-induced state such as chronic oral corticosteroid use
- 3) The patient has radiologically documented vesico-ureteral reflux while on a program of intermittent catheterization,
- 4) The patient is a spinal cord injured female with neurogenic bladder who is pregnant (for duration of pregnancy only),
- 5) The patient has had distinct, recurrent urinary tract infections, while on a program of clean intermittent catheterization, twice within the 12-month prior to the initiation of sterile intermittent catheterization.

A patient would be considered to have a urinary tract infection if they have a urine culture with greater than 10,000 colony forming units of a urinary pathogen AND concurrent presence of one or more of the following signs, symptoms or laboratory findings:

- Fever (oral temperature greater than 38° C [100.4° F])

- Systemic leukocytosis
- Change in urinary urgency, frequency, or incontinence
- Appearance of new or increase in autonomic dysreflexia (sweating, bradycardia, blood pressure elevation)
- Physical signs of prostatitis, epididymitis, orchitis
- Increased muscle spasms
- Pyuria (greater than 5 white blood cells [WBCs] per high-powered field)

The medical necessity for use of sterile intermittent catheterization for reasons other than the criteria (1-5) listed above may be presented for individual consideration.

For each episode of covered sterile catheterization, Medicare will cover a) one catheter (A4351, A4352) and an individual packet of lubricant (A4332) or b) an intermittent catheter kit (A4353) - see Coding Guidelines section of the related Policy Article for contents of the kit. The kit code should be used for billing even if the components are packaged separately rather than together as a kit. If sterile catheterization is not medically necessary, sterile supplies will be denied as not medically necessary.

Use of a Coude (curved) tip catheter (A4352) in female patients is rarely medically necessary. When a Coude tip catheter is used (either male or female patients), there must be documentation in the patient's medical record of the medical necessity for that catheter rather than a straight tip catheter (A4351). An example would be the inability to catheterize with a straight tip catheter. This documentation may be requested by the DMERC. If documentation is requested and does not substantiate medical necessity, payment will be based on the least costly medically appropriate alternative - (A4351).

#### EXTERNAL CATHETERS/URINARY COLLECTION DEVICES:

Male external catheters (condom-type) or female external urinary collection devices are covered for patients who have permanent urinary incontinence when used as an alternative to an indwelling catheter.

The utilization of male external catheters (A4349) generally should not exceed 35 per month. Greater utilization of these devices must be accompanied by documentation of medical necessity.

Male external catheters (condom-type) or female external urinary collection devices will be denied as not medically necessary when ordered for patients who also use an indwelling catheter.

Specialty type male external catheters such as those that inflate or that include a faceplate (A4326) or extended wear catheter systems (A4348) are covered only when documentation substantiates the medical necessity for such a catheter. Payment will be based on the least costly medically appropriate alternative if documentation does not substantiate medical necessity.

For female external urinary collection devices, more than one meatal cup (A4327) per week or more than one pouch (A4328) per day will be denied as not medically necessary.

#### MISCELLANEOUS SUPPLIES:

Appliance cleaner (A5131) is covered when used to clean the inside of certain urinary collecting appliances (A5102, A5112). More than one unit of service (16 oz.) per month is rarely medically necessary.

One external urethral clamp or compression device (A4356) is covered every 3 months or sooner if the rubber/foam casing deteriorates.

Tape (A4450, A4452) which is used to secure an indwelling catheter to the patient's body is covered. More than 10 units (1 unit = 18 sq. in.; 10 units = 180 sq. in. = 5 yds. of 1 inch tape) per month will be denied as not medically necessary unless the claim is accompanied by documentation justifying a larger quantity in the individual case.

Adhesive catheter anchoring devices (A4333) and catheter leg straps (A4334) for indwelling urethral catheters are covered. More than 3 per week of A4333 or 1 per month of A4334 will be denied as not medically necessary unless the claim is accompanied by documentation justifying a larger quantity in the individual case. A catheter/tube anchoring device (A5200) is covered and separately payable when it is used to anchor a covered suprapubic tube or nephrostomy tube. If code A5200 is used to anchor an indwelling urethral catheter, payment will be based on the allowance for the least costly medically appropriate alternative, A4333.

#### Coverage Topic

Supplies

#### Coding Information

**CPT/HCPCS Codes**

The appearance of a code in this section does not necessarily indicate coverage.

**HCPCS MODIFIERS:**

AU – Item furnished in conjunction with a urological, ostomy, or tracheostomy supply

EY - No physician or other licensed health care provider order for this item or service

GY - Item or service statutorily excluded or does not meet the definition of any Medicare benefit

KX - Specific required documentation on file

**HCPCS CODES:**

A4217 STERILE WATER/SALINE, 500 ML

A4310 INSERTION TRAY WITHOUT DRAINAGE BAG AND WITHOUT CATHETER (ACCESSORIES ONLY)

A4311 INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC, ETC.)

A4312 INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE

A4313 INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION

A4314 INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC, ETC.)

A4315 INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE

A4316 INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION

A4320 IRRIGATION TRAY WITH BULB OR PISTON SYRINGE, ANY PURPOSE

A4321 THERAPEUTIC AGENT FOR URINARY CATHETER IRRIGATION

A4322 IRRIGATION SYRINGE, BULB OR PISTON, EACH

- A4326 MALE EXTERNAL CATHETER SPECIALTY TYPE WITH INTEGRAL COLLECTION CHAMBER, EACH
- A4327 FEMALE EXTERNAL URINARY COLLECTION DEVICE; MEATAL CUP, EACH
- A4328 FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH, EACH
- A4331 EXTENSION DRAINAGE TUBING, ANY TYPE, ANY LENGTH, WITH CONNECTOR/ADAPTOR, FOR USE WITH URINARY LEG BAG OR UROSTOMY POUCH, EACH
- A4332 LUBRICANT, INDIVIDUAL STERILE PACKET, EACH
- A4333 URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT, EACH
- A4334 URINARY CATHETER ANCHORING DEVICE, LEG STRAP, EACH
- A4335 INCONTINENCE SUPPLY; MISCELLANEOUS
- A4338 INDWELLING CATHETER; FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHILIC, ETC.), EACH
- A4340 INDWELLING CATHETER; SPECIALTY TYPE, EG; COUDE, MUSHROOM, WING, ETC.), EACH
- A4344 INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE, EACH
- A4346 INDWELLING CATHETER; FOLEY TYPE, THREE WAY FOR CONTINUOUS IRRIGATION, EACH
- A4348 MALE EXTERNAL CATHETER WITH INTEGRAL COLLECTION COMPARTMENT, EXTENDED WEAR, EACH (E.G., 2 PER MONTH)
- A4349 MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE, EACH
- A4351 INTERMITTENT URINARY CATHETER; STRAIGHT TIP, WITH OR WITHOUT COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHILIC, ETC.), EACH
- A4352 INTERMITTENT URINARY CATHETER; COUDE (CURVED) TIP, WITH OR WITHOUT COATING (TEFLON, SILICONE, SILICONE ELASTOMERIC, OR HYDROPHILIC, ETC.), EACH

A4353	INTERMITTENT URINARY CATHETER, WITH INSERTION SUPPLIES
A4354	INSERTION TRAY WITH DRAINAGE BAG BUT WITHOUT CATHETER
A4355	IRRIGATION TUBING SET FOR CONTINUOUS BLADDER IRRIGATION THROUGH A THREE-WAY INDWELLING FOLEY CATHETER, EACH
A4356	EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE (NOT TO BE USED FOR CATHETER CLAMP), EACH
A4357	BEDSIDE DRAINAGE BAG, DAY OR NIGHT, WITH OR WITHOUT ANTI-REFLUX DEVICE, WITH OR WITHOUT TUBE, EACH
A4358	URINARY DRAINAGE BAG, LEG OR ABDOMEN, VINYL, WITH OR WITHOUT TUBE, WITH STRAPS, EACH
A4359	URINARY SUSPENSORY WITHOUT LEG BAG, EACH
A4365	ADHESIVE REMOVER WIPES, ANY TYPE, PER 50
A4402	LUBRICANT, PER OUNCE
A4450	TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES
A4452	TAPE, WATERPROOF, PER 18 SQUARE INCHES
A4455	ADHESIVE REMOVER OR SOLVENT (FOR TAPE, CEMENT OR OTHER ADHESIVE), PER OUNCE
A4520	INCONTINENCE GARMENT, ANY TYPE, (E.G. BRIEF, DIAPER), EACH
A4554	DISPOSABLE UNDERPADS, ALL SIZES
A5102	BEDSIDE DRAINAGE BOTTLE WITH OR WITHOUT TUBING, RIGID OR EXPANDABLE, EACH
A5105	URINARY SUSPENSORY; WITH LEG BAG, WITH OR WITHOUT TUBE
A5112	URINARY LEG BAG; LATEX
A5113	LEG STRAP; LATEX, REPLACEMENT ONLY, PER SET
A5114	LEG STRAP; FOAM OR FABRIC, REPLACEMENT ONLY, PER SET
A5131	APPLIANCE CLEANER, INCONTINENCE AND OSTOMY APPLIANCES, PER 16 OZ.
A5200	PERCUTANEOUS CATHETER/TUBE ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT

	A9270 NON-COVERED ITEM OR SERVICE
<b>ICD-9 Codes that Support Medical Necessity</b>	Not specified.
<b>Diagnoses that Support Medical Necessity</b>	Not specified.
<b>ICD-9 Codes that DO NOT Support Medical Necessity</b>	Not specified.
<b>ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation</b>	Not Applicable
<b>Diagnoses that DO NOT Support Medical Necessity</b>	Not specified.
<b>General Information</b>	
<b>Documentation Requirements</b>	<p>Section 1833(e) of the Social Security Act precludes payment to any provider of services unless "there has been furnished such information as may be necessary in order to determine the amounts due such provider" (42 U.S.C. section 13951(e)). It is expected that the patient's medical records will reflect the need for the care provided. The patient's medical records include the physician's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports. This documentation must be available to the DMERC upon request.</p> <p>An order for each item billed must be signed and dated by the treating physician, kept on file by the supplier, and made available to the DMERC upon request. Items billed to the DMERC before a signed and dated order has been received by the supplier must be submitted with an EY modifier added to each affected HCPCS code.</p> <p>The order must include the type of supplies ordered and the approximate quantity to be used per unit of time.</p>

If a supplier is billing for items, which are noncovered, this must be indicated on the claim. The recommended way of doing this is to add the GY modifier to the code.

Suppliers must add a KX modifier to a code only if the patient has permanent urinary incontinence or urinary retention, and if the item is a catheter, an external urinary collection device, or a supply used with one of these items. If the requirements for the KX modifier are not met, the supplier may submit additional documentation with the claim to justify coverage, but the KX modifier must not be used.

When billing for quantities of supplies greater than those described in the policy as the usual maximum amounts, each claim must include documentation supporting medical necessity for the higher utilization. This information must be attached to a hard copy claim or entered in the narrative field of an electronic claim. Additionally, there must be clear documentation in the patient's medical records corroborating the medical necessity of this amount. The DMERC may request copies of the patient's medical records that corroborate the order and any additional documentation that pertains to the medical necessity of items and quantities billed.

The initial claim for catheters or kits used for sterile intermittent catheterization in the home must be accompanied by documentation supporting the medical necessity for sterile technique.

Refer to the Supplier Manual for more information on documentation requirements.

### Appendices

Sterile catheterization technique involves the use of a new, sterile packaged catheter and sterile lubricant for each catheterization. It may also involve use of sterile gloves and drape and use of an antiseptic solution to cleanse the periurethral area. Clean, non-sterile intermittent catheterization technique involves the use of soap and water for cleansing of the periurethral area, a reusable catheter that is cleansed between episodes, and non-sterile lubricant.

### Utilization Guidelines

Refer to Indications and Limitations of Coverage and/or Medical Necessity.

### Sources of Information and Basis for Decision

Reserved for future use

<b>Advisory Committee Meeting Notes</b>	Not Applicable
<b>Start Date of Comment Period</b>	04/30/1993
<b>End Date of Comment Period</b>	06/14/1993
<b>Start Date of Notice Period</b>	08/01/1993
<b>Revision History Number</b>	004
<b>Revision History Explanation</b>	<p>Revision Effective Date: 04/01/2005          LMRP converted to LCD and Policy Article          HCPCS CODES AND MODIFIERS:          Deleted: A4324, A4325, A4347, A4521-A4538          Added: A4349, A4520          Revised: A4332          INDICATIONS AND LIMITATIONS OF COVERAGE:          Added references to new codes and removed deleted codes.</p> <p>Revision effective date: 04/01/2004          HCPCS CODES AND MODIFIERS:          Added: A4217          Deleted: A4319, A4323          INDICATIONS AND LIMITATIONS OF COVERAGE:          Added references to new code and removed deleted codes.          CODING GUIDELINES:          Added A4217 to codes requiring AU modifier.</p> <p>Revision effective date: 04/01/2003          HCPCS CODES AND MODIFIERS:          Added: AU, EY modifiers, A4450, A4452, A4521-A4538          Deleted: K0572, K0573, A4360          INDICATIONS AND LIMITATIONS OF COVERAGE:          Adds standard language concerning coverage of items without an order and use of the AU modifier          CODING GUIDELINES:          Added: coding definitions from "LMRP Description" section          DOCUMENTATION REQUIREMENTS:          Adds standard language concerning use of EY modifier for items</p>

without an order

The revision dates listed below are the approximate dates that the revisions were published and not necessarily the effective dates for the revisions.

03/01/2002 - Added HCPCS codes A4319, A4324, 4325, A4331-A4333, A4348, A4360, K0572, K0573. Deleted from policy HCPCS codes A4329, A4359, A4554, A5149, A6265, K0280, K0281, K0407-K0409, K0411. Added use of GY modifier for non-covered conditions. Replaced ZX with KX modifier.

03/01/2000 - In the Winter 1999 Region D Supplier Manual update, verbiage was inadvertently omitted from the Urological Supplies regional medical review policy (RMRP) revision. The verbiage below was present in previous versions of the policy but was absent in the latest revision published. Coverage and Payment Rules for indwelling catheters (IX-37), indications #3 and #4 for non-routine changes should read:

3. Catheter is obstructed by encrustation, mucous plug, or blood clot

4. History of recurrent obstruction or urinary tract infection for which it has been established that an acute event is prevented by a scheduled change at intervals of less than one per month

The revision also reflects updates to the Coding Guidelines (IX - 37.5) which clarify the previously published payment policy for HCPCS code A5200 (Percutaneous catheter/tube anchoring device, adhesive skin attachment). (See Winter 1998 DMERC Dialogue, page 12.)

12/01/1999 – Added HCPCS codes A5200 and A6265. Added reasonable and necessary language in Coverage and Payment Rules section. Added language for A4340 in Coverage and Payment Rules section.

03/01/1998 – Deleted certain HCPCS K and XX codes.

03/01/1996 – Updated utilization table.

06/01/1995 – Added HCPCS codes. Renamed policy from Incontinence Appliances and Care Supplies to Urological Supplies. Entire policy revised.

02/01/1994 – Deleted codes K0137-K0139.

12/01/1993 – Added codes XX004 and XX005.

**Related Documents** Article A25433 - Urological Supplies – Policy Article – Effective April 2005

**LCD Attachments** There are no attachments for this LCD

**Article for Urological Supplies – Policy Article – Effective April 2005 (A25433)****Contractor Information**

<b>Contractor Name</b>	AdminaStar Federal, Inc.
<b>Contractor Number</b>	00635
<b>Contractor Type</b>	DMERC

**Article Information**

<b>Article Database ID Number</b>	A25433
<b>Article Type</b>	Article
<b>Key Article</b>	Yes
<b>Article Title</b>	Urological Supplies – Policy Article – Effective April 2005
<b>Primary Geographic Jurisdiction</b>	DC IL IN MD MI MN OH VA WI WV
<b>DMERC Region Article Covers</b>	Region B
<b>Original Article Effective Date</b>	04/01/2005
<b>Article Revision Effective Date</b>	Not Applicable
<b>Article Text</b>	<p><b>NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES</b></p> <p>GENERAL:</p> <p>Urinary catheters and external urinary collection devices are covered to drain or collect urine for a patient who has permanent urinary incontinence or permanent urinary retention. Permanent urinary retention is defined as retention that is not expected to be medically or surgically corrected in that patient within 3 months.</p> <p>If the catheter or the external urinary collection device meets the coverage criteria then the related supplies that are necessary for their effective use are also covered. Urological supplies that are used for</p>

purposes not related to the covered use of catheters or external urinary collection devices (i.e., drainage and/or collection of urine from the bladder) will be denied as noncovered. Urological supplies billed without a KX modifier (see Documentation section) will be denied as noncovered.

The patient must have a permanent impairment of urination. This does not require a determination that there is no possibility that the patient's condition may improve sometime in the future. If the medical record, including the judgment of the attending physician, indicates the condition is of long and indefinite duration (ordinarily at least 3 months), the test of permanence is considered met. Catheters and related supplies will be denied as noncovered in situations in which it is expected that the condition will be temporary.

The use of a urological supply for the treatment of chronic urinary tract infection or other bladder condition in the absence of permanent urinary incontinence or retention is noncovered. Since the patient's urinary system is functioning, the criteria for coverage under the prosthetic benefit provision are not met.

When urological supplies are furnished in a physician's office, they may be billed to the DMERC only if the patient's condition meets the definition of permanence. (In this situation, the catheters and related supplies are covered under the prosthetic device benefit.) If the patient's condition is expected to be temporary, urological supplies may not be billed to the DMERC. (In this situation, they are considered as supplies provided incident to a physician's service and payment is included in the allowance for the physician services, which are processed by the local carrier.) When billing for urological supplies furnished in a physician's office for a permanent impairment, use the place of service code corresponding to the beneficiary's current place of residence; do not use POS 11, office.

#### MISCELLANEOUS:

Adhesive strips or tape used with male external catheters are included in the allowance for the code and are not separately payable by the DMERC.

Catheter insertion trays (A4310-A4316, A4353, and A4354) that contain component parts of the urinary collection system, (e.g., drainage bags and tubing) are inclusive sets and payment for additional component parts will be allowed only per the stated criteria in each section of the policy.

Irrigation supplies that are used for care of the skin or perineum of incontinent patients are noncovered.

Claims for tape (A4450 or A4452) that are billed without an AU modifier or another modifier indicating coverage under a different

policy will be denied as noncovered.

Extension tubing (A4331) will be covered for use with a latex urinary leg bag (A5112). It is included in the allowance for codes A4314, A4315, A4316, A4354, A4357, A4358, and A5105 and should not be separately billed with these codes.

Other supplies used in the management of incontinence, including but not limited to the following items, will be denied as noncovered because they are not prosthetic devices nor are they required for the effective use of a prosthetic device:

- 1) Creams, salves, lotions, barriers (liquid, spray, wipes, powder, paste) or other skin care products (A6250)
- 2) Catheter care kits (A9270)
- 3) Adhesive remover (A4455, A4365) (Coverage remains for use with ostomy supplies.)
- 4) Catheter clamp or plug (A9270)
- 5) Disposable underpads, e.g., Chux (A4554)
- 6) Diapers, or incontinent garments, disposable or reusable (A4520)
- 7) Drainage bag holder or stand (A9270)
- 8) Urinary suspensory without leg bag (A4359)
- 9) Measuring container (A9270)
- 10) Urinary drainage tray (A9270)
- 11) Gauze pads (A6216-A6218) and other dressings (coverage remains under other benefits, e.g. surgical dressings)
- 12) Other incontinence products not directly related to the use of a covered urinary catheter or external urinary collection device (A9270)

#### **CODING GUIDELINES**

The general term "external urinary collection devices" used in this policy includes male external catheters and female pouches or meatal cups. This term does not include diapers or other types of absorptive pads.

A meatal cup female external urinary collection device (A4327) is a plastic cup, which is held in place around the female urethra by suction or pressure and is connected to a urinary drainage container such as a

bag or bottle.

A pouch type female external collection device (A4328) is a plastic pouch which is attached to the periurethral area with adhesive and which can be connected to a urinary drainage container such as a bag or bottle.

A urinary catheter-anchoring device described by code A4333 has an adhesive surface, which attaches to the patient's skin and a mechanism for releasing and re-anchoring the catheter multiple times without changing the anchoring device.

A urinary catheter-anchoring device described by code A4334 is a strap, which goes around a patient's leg and has a mechanism for releasing and re-anchoring the catheter multiple times without changing the anchoring device.

A urinary intermittent catheter with insertion supplies (A4353) is a kit, which includes a catheter, lubricant, gloves, antiseptic solution, applicators, drape, and a tray or bag in a sterile package intended for single use.

Therapeutic agent for urinary irrigation (A4321) is defined as a solution containing agents in addition to saline or sterile water (for example acetic acid or hydrogen peroxide) which is used for the treatment or prevention of urinary catheter obstruction.

Procedure code A4347 is not valid for claims submitted to the DMERC. When billing for male external catheters, use code A4324 or A4325 and one unit of service for each catheter supplied.

Irrigation solutions containing antibiotics and chemotherapeutic agents should be coded A9270. Irrigating solutions, such as acetic acid or hydrogen peroxide, which are used for the treatment or prevention of urinary obstruction, should be coded A4321.

Adhesive strips or tape used with code A4349 (Male external catheter, with adhesive strip, each) should not be billed separately.

Adhesive catheter anchoring devices that are used with indwelling urethral catheters are billed using codes A4333 and A4334, respectively. An anchoring device used with a percutaneous catheter/tube (e.g., suprapubic tube, nephrostomy tube) is billed using code A5200.

Replacement leg straps (A5113, A5114) are used with a urinary leg bag (A4358, A5105, or A5112). These codes are not used for a leg strap for an indwelling catheter.

When codes A4217, A4450, and A4452 are used with Urological Supplies, they must be billed with the AU modifier. For this policy,

codes A4217, A4450, and A4452 are the only three codes for which the AU modifier may be used.

An external catheter that contains a barrier for attachment should be coded using A4335.

Codes for ostomy barriers (A5119, A4369-A4371) should not be used for skin care products used in the management of urinary incontinence.

A percutaneous catheter/tube anchoring device (A5200) is a dressing with adhesive that is designed to be applied directly over the cutaneous opening through which the catheter/tube passes. This dressing has a hole through which the catheter/tube passes and a mechanism for firmly anchoring the catheter/tube to the dressing.

In the following table, the Column I code includes the items identified by the codes in Column II. The Column I code must be used instead of multiple Column II codes when the items are provided at the same time.

**Column I (Column II)**

A4310 (**A4332**)

A4311 (**A4310, A4332, A4338**)

A4312 (**A4310, A4332, A4344**)

A4313 (**A4310, A4332, A4346**)

A4314 (**A4310, A4311, A4331, A4332, A4338, A4354, A4357**)

A4315 (**A4310, A4312, A4331, A4332, A4344, A4354, A4357**)

A4316 (**A4310, A4313, A4331, A4332, A4346, A4354, A4357**)

A4349 (**A4450, A4452**)

A4353 (**A4310, A4332, A4351, A4352**)

A4354 (**A4310, A4332, A4357, A4331**)

A4357 (**A4331**)

A4358 (**A4331, A5113, A5114**)

A5112 (**A5113, A5114**)

A5105 (**A4331, A4358, A4359, A5112, A5113, A5114**)

If a code exists that includes multiple products, that code should be used in lieu of the individual codes.

Suppliers should contact the Statistical Analysis Durable Medical Equipment Regional Carrier (SADMERC) for guidance on the correct coding of these items.

**Coverage Topic** Supplies

**Coding Information**

**No Coding Information has been entered in this section of the article.**

**Other Information**

**Revision History Explanation**

Effective Date: 04/01/2005  
LMRP converted to LCD and Policy Article

**CODING GUIDELINES:**

Added A4349, A4520

Deleted A4324, A4325, A4347, A4521-A4538

**Related Documents**

LCD L11551 - Urological Supplies