

**References: L11581, A25377 (prior to 10/01/2015); L33803, A52521 (on/after 10/01/2015)**

## All Urological Supplies

- Dispensing Order, if applicable
- Detailed Written Order (DWO)
- Beneficiary Authorization
- Refill Requirements
- Proof of Delivery (POD)
  - Method 1 - Direct Delivery to the Beneficiary by the Supplier  
**The date the beneficiary/designee signs for the supplies is to be the date of service of the claim.**
  - Method 2 - Delivery via Shipping or Delivery Service  
**The shipping date is to be the date of service of the claim.**
  - Method 3 - Delivery to Nursing Facility on Behalf of a Beneficiary
- Continued Need
- Continued Use

## Medical Records

### Urinary catheters and external urinary collection devices

- Medical records support the beneficiary has permanent urinary incontinence or permanent urinary retention that is not expected to be medically or surgically corrected within 3 months.

### Indwelling Catheters (A4311 - A4316, A4338 – A4346)

- No more than one catheter change per month for routine catheter maintenance

Non-routine indwelling catheter changes

- Medical records substantiate medical necessity for non-routine catheter changes such as:
  - Catheter is accidentally removed (e.g., pulled out by beneficiary)
  - Malfunction of catheter (e.g., balloon does not stay inflated, hole in catheter)
  - Catheter is obstructed by encrustation, mucous plug, or blood clot
  - 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

Specialty indwelling catheter (A4340) or all silicone catheter (A4344, A4312, or A4315)

- Criteria for an indwelling catheter (above) are met; **and**
- Medical records justify the need for that catheter such as;
  - Recurrent encrustation; **or**

- Inability to pass a straight catheter; **or**
- Sensitivity to latex

3-Way indwelling catheter either alone (A4346) or with other components (A4313, A4316)

- Medical records support continuous catheter irrigation is medically necessary:
  - There is a history of obstruction of the catheter; **and**
  - Patency of the catheter cannot be maintained by intermittent irrigation in conjunction with reasonable and necessary catheter changes.

**Non-routine Changes of Urinary Drainage Collection System (A4314 – A4316, A4354, A4357, A4358, A5102, A5112)**

- Medical records support the necessity for non-routine changes such as:
  - Obstruction
  - Sludging
  - Clotting of blood
  - Chronic, recurrent, urinary tract infections

Leg Bags (A4358 or A5112)

- Medical records support the beneficiary is ambulatory or chair or wheelchair bound.

**Intermittent Irrigation (A4320, A4322, A4217) of Indwelling Catheters**

- Medical records show irrigation is being performed on a non-routine basis due to the presence of an acute obstruction in the catheter.

**Continuous Irrigation of Indwelling Catheters [3-way Foley catheter (A4313, A4316, A4346), irrigation tubing (A4355), and sterile water/saline (A4217)]**

- Medical records support:
  - History of obstruction of the catheter; **and**
  - Patency of the catheter cannot be maintained by intermittent irrigation in conjunction with reasonable and necessary catheter changes; **and**
  - Record substantiates the medical necessity of catheter irrigation and in particular continuous irrigation as opposed to intermittent irrigation; **and**
  - Record indicates the rate of solution administration and the duration of need.

**Intermittent Catheterization (A4351, A4352, A4332, or A4353)**

- Basic coverage criteria are met; **and**
- Beneficiary or caregiver can perform the procedure.

**Sterile Intermittent Catheterization (SIC) Kits (A4353)**

- Medical records support the beneficiary requires catheterization and meets one (1) of the following:
  - Beneficiary resides in a nursing facility; **or**
  - Beneficiary is immunosuppressed: **or**

- Beneficiary has a radiologically documented vesico-ureteral reflux while on a program of intermittent catheterization; **or**
- Beneficiary is a spinal-cord injured pregnant female with neurogenic bladder; **or**
- Beneficiary has had distinct, recurrent UTI's while on a program of sterile intermittent catheterization with A4351/A4352 and sterile lubricant (A4332) twice within the 12-month period prior to initiation of SIC.
  - Urine culture with >10,000 colony forming units of a urinary pathogen and concurrent presence of at least one (1) of the following:
    - Fever; **or**
    - Systemic leukocytosis; **or**
    - Change in urinary urgency, frequency or incontinence; **or**
    - Appearance of new or increase in autonomic dysreflexia; **or**
    - Physical signs of prostatitis, epididymitis, orchitis; **or**
    - Increased muscle spasms; **or**
    - Pyuria.

#### Coude (Curved) Tip Catheter (A4352)

- Medical records support necessity for a curved rather than straight tip catheter (A4351).

#### **External Catheters/Urinary Collection Devices**

- Medical records support the beneficiary has permanent urinary incontinence and the external device is used as an alternative to an indwelling catheter

#### More Than 35 Male External Catheters (A4349)/Month

- Medical records support the medical necessity.

#### Specialty type male external catheters (A4326)

- Medical records support the medical necessity.

#### **Miscellaneous Supplies**

##### Urethral inserts (A4336)

- Medical records support the following:
  - Adult female has stress incontinence; **and**
  - Basic coverage criteria are met; **and**
  - Beneficiary or caregiver can perform the procedure.

#### **Billing Reminders**

- Add the KX modifier to a urological supply code only if:
  - Beneficiary has permanent urinary incontinence or urinary retention; **and**
  - Item is a catheter, an external urinary collection device; **or**
  - Supply is used with one (1) of these items; **and**
  - Beneficiary meets all the coverage criteria noted above.

- Add the GY modifier if the beneficiary does not have permanent urinary incontinence or urinary retention.
- When there is an expectation of a medical necessity denial, the GA modifier must be added to the code if a valid Advance Beneficiary Notice (ABN) has been obtained or a GZ modifier if a valid ABN has not been obtained.
- The diagnosis code for adult female stress incontinence must be included on all claims for A4336 if the coverage criteria for the urethral insert have been met.
- Claims for sterile water/saline (A4217) and tape (A4450 or A4452) used with urological supplies must be billed with the AU modifier.
- One insertion tray (A4310-A4316, A4353, A4354) will be covered per episode of indwelling catheter insertion.

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