



## Guidelines for Medicare Coverage for Intermittent Catheterization

The general qualifications for Medicare coverage of A4351, A4352, and A4353 intermittent catheters **must include** the following in the clinical notes:

- **Permanence:** Beneficiary must have a chronic or permanent condition of urinary incontinence or permanent urinary retention. Medicare defines permanence as when a patient is not expected to be medically or surgically cured within three months.
- **Diagnosis:** Diagnosis including and not limited to Neuromuscular dysfunction of bladder, Retention / Incontinence
- **Frequency:** Recommended number of times the beneficiary should catheterize per day

Intermittent catheterization is covered when the above basic coverage criteria are met and the beneficiary or caregiver can perform the procedure. For each episode of covered catheterization, Medicare will cover:

- A. One catheter (A4351, A4352) and an individual packet of lubricant (A4332); or
- B. One sterile intermittent catheter kit (A4353) if additional coverage criteria (see below) are met.

### Sterile Intermittent Closed System Catheter Kit (A4353)

For each episode of covered catheterization, Medicare will cover one sterile intermittent catheter kit (A4353) when the beneficiary meets **1** of the following criteria:

1. The beneficiary resides in a nursing facility,
2. The beneficiary is immunosuppressed, for example (not all-inclusive):
  - a. on a regimen of immunosuppressive drugs post-transplant,
  - b. on cancer chemotherapy,
  - c. has AIDS,
  - d. has a drug-induced state such as chronic oral corticosteroid use.
3. The beneficiary has radiologically documented vesico-ureteral reflux while on a program of intermittent catheterization,
4. The beneficiary is a spinal cord injured female with neurogenic bladder who is pregnant (for duration of pregnancy only),
5. The beneficiary has had distinct, recurrent urinary tract infections, while on a program of sterile intermittent catheterization with A4351/ A4352 and sterile lubricant A4332, twice within the 12-month prior to the initiation of sterile intermittent catheter kits.



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A beneficiary 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)

Each UTI occurrence must be separated by at least 30 days, and concurrent symptoms must be documented for each occurrence.

Usual Maximum Quantity of Supplies: Medicare will cover up to 200 intermittent catheters per month (A4351/A4352/A4353) and packets of lubricant (A4332) with a valid prescription and proper documentation.

*Some commercial insurances will cover sterile kits without Medicare qualifying factors; however, when the patient becomes a Medicare beneficiary, they must qualify under these guidelines to continue receiving their product of choice.*

## **Coudé Catheters (A4352)**

In addition to the general qualifications listed above, Medicare requires documented justification in the medical record for patients who cannot pass a straight tip catheter (A4351) and require a coudé (curved) tip catheter:

1. Documentation must demonstrate patient's inability to catheterize using a straight tip catheter, including the documented medical reason (obstruction, strictures, etc.)
2. Prescribing physician must state that the patient requires a coudé catheter and provide a clinical reason.

### **Disclaimer:**

- This document should be considered informational only; the information is collected from secondary sources and subject to change without notice as a result of changes in reimbursement regulation and payer policies.

- HR Pharmaceuticals, Inc. does not guarantee the use of any codes mentioned in this document will enable or guarantee coverage, reimbursement or payment at any time to a beneficiary. Providers are responsible for reporting accurate codes pertaining to a patient's medical condition, procedures and products used.

- Beneficiaries are encouraged to check with their providers or medical supply companies on medical codes and payment policies.

### **References:**

- For latest policy updates on intermittent catheters reimbursements, please visit [www.cms.gov](http://www.cms.gov) and search 'L33803' and 'A52521'.

- Diagnoses codes related to use of intermittent catheters referenced from ICD-10-CM Official Guidelines for Coding and Reporting: Neuromuscular dysfunction of bladder, unspecified (N31.9), Retention of Urine (R33.9), Other Specified Retention of Urine (R33.8), Urinary Incontinence (R32), Urge Incontinence (N39.41)