

MEDICARE COVERAGE GUIDELINES CATHETERS



*Medicare requires a face-to-face exam with the ordering physician. The patient's chart notes must include a **detailed narrative** describing the patient's condition and justifying the need for catheters.*

The main diagnoses that we are looking for are:

- **Permanent urinary retention or incontinence or**
- **Neuromuscular dysfunction of bladder.**

Indwelling Catheters (A4311 - A4316, A4338 - A4346)

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:

- 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.
- A specialty indwelling catheter (A4340) or an all-silicone catheter (A4344, A4312, or A4315) is covered when the criteria for an indwelling catheter (above) are met and there is documentation in the beneficiary's medical record to justify the medical need for that catheter (such as recurrent encrustation, inability to pass a straight catheter, or sensitivity to latex (not all-inclusive)). In addition, the particular catheter must be necessary for the beneficiary. For example, use of a Coude (curved) tip indwelling catheter (A4340) in a female beneficiary is rarely reasonable and necessary. If documentation is requested and does not substantiate medical necessity payment for A4340, A4344, A4312, or A4315 will be denied as not reasonable and necessary.

Coude Tip Catheters

- Use of a Coude (curved) tip catheter (A4352) in female beneficiaries is rarely reasonable and necessary.
- When a Coude tip catheter is used (either male or female beneficiaries), there must be documentation in the beneficiary's medical record of the medical necessity for that catheter.
- An example would be the inability to catheterize with a straight tip catheter.
- If documentation is requested and does not substantiate medical necessity, claims will be denied as not reasonable and necessary.
- If the prescribing doctor puts things such as "because anatomy" or "due to pain and risk" there must be medical documentation backing this up in the chart notes provided.

Intermittent Catheterization

Intermittent catheterization is covered when basic coverage criteria are met and the beneficiary or caregiver can perform the procedure.

For each episode of covered catheterization, Medicare will cover:

- One catheter (A4351, A4352) and an individual packet of lubricant (A4332); or
- One sterile intermittent catheter kit (A4353) if additional coverage criteria (see below) are met. Intermittent catheterization using a sterile intermittent catheter kit (A4353) is covered when the beneficiary requires catheterization and the beneficiary meets one of the following criteria:
 - The beneficiary resides in a nursing facility.
 - The beneficiary 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.
 - The beneficiary has radiologically documented vesico-ureteral reflux while on a program of intermittent catheterization.
 - The beneficiary is a spinal cord injured female with neurogenic bladder who is pregnant (for duration of pregnancy only).
 - 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.

Usual Maximum Quantity of Supplies

Code:	Number per month:
A4332	200
A4351	200
A4352	200
A4353	200



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