

Spinal cord injury at any level is an example of immunosuppression under coverage criteria for closed system catheters (A4297 or A4353)

Medicare coverage criteria for closed system intermittent catheter kits (A4297 or A4353)



Medicare Policy:^{1,2}

Intermittent catheters are covered for Medicare beneficiaries who have a **permanent impairment of urination**. This is generally defined as a condition of “long and indefinite duration.” A4297 or A4353 is covered when the beneficiary requires catheterization as noted above, and the beneficiary meets one of the following criteria (1-4):

1. The beneficiary resides in a nursing facility,
2. **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,
 - has a diagnosis of spinal cord injury at any level (documentation in the medical records of a diagnosis of spinal cord injury (SCI) is sufficient to establish the beneficiary is immunocompromised)
3. The beneficiary has radiologically documented vesico-ureteral reflux while on a program of intermittent catheterization,
4. The beneficiary has had distinct, recurrent urinary tract infections, while on a program of sterile intermittent catheterization with either A4295/A4296 with no sterile lubricant (A4332), or A4351/A4352 with sterile lubricant (A4332), twice within the 12-months prior to the initiation of sterile intermittent catheter kits.

Medical Records Compliance: The medical record **must reflect all relevant information** to support the claim for A4297 or A4353. The diagnosis must be well documented in the medical record with other supporting documentation that clearly meets one of the coverage criteria (1-4) under the Urological Medicare Policy.

Questions: Contact us at USreimbursement@coloplast.com

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References:

1. Urological Supplies LCD (L33803): <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=33803&ContrID=140>
2. Urological Supplies Policy Article (A52521) : <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=52521&ver=51>

Medicare intermittent catheter (IC) documentation check list:

General Medicare documentation check list¹

Prescription:

- Patients' information (name, date of birth)
- Description of the item (either a general description, a HCPCS code, a HCPCS code narrative, or a brand name/model number. Ex: (hydrophilic straight intermittent catheter)
- Catheterization frequency per day and quantity of IC (specific number)
- Prescribing clinician's signature
- Clinician name or National Provider Identifier (NPI)
- Order date

Medical Record:

- Documentation of permanent urinary incontinence or permanent urinary retention
- Medical justification to support the type of intermittent catheter prescribed
- Must match the prescription (frequency of IC, quantity of IC, type of IC)

Documentation required by intermittent catheter type^{2,3}

A4295: intermittent urinary catheter, straight tip, hydrophilic coating

A4351: intermittent urinary catheter, straight tip, with or without coating (teflon, silicone, or silicone elastomer, etc.)

- Everything in the general Medicare documentation check list

A4296: intermittent urinary catheter, coude (curved) tip, hydrophilic coating

A4352: intermittent urinary catheter, coude (curved) tip, with or without coating (teflon, silicone, or silicone elastomeric, etc.)

- Everything in the general Medicare documentation check list
- Documentation indicating that patient has tried and is unable to pass a straight tip catheter
- Documented medical need for a coude catheter

A4297: intermittent urinary catheter, hydrophilic coating, with insertion supplies

A4353: intermittent urinary catheter, with insertion supplies

- Everything in the general Medicare documentation check list.
- Patient meets 1 of 4 criteria:*
 - Patient resides in a nursing facility
 - Patient is immunosuppressed
 - Patient has documented vesico-ureteral reflux
 - Patient has had 2 documented urinary tract infections (UTI) while on a straight or coude tip IC within 12 months

Required documentation for UTIs:^{2,3}

1. Urine culture showing greater than 10,000 bacteria for each UTI
2. One additional symptom:
 - Fever
 - 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)

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1. Standard Documentation Requirements for All Claims Submitted to DME MACs: <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=55426&ver=123>

2. LCD - Urological Supplies (L33803). <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=33803&ContrID=140>

3. Article - Urological Supplies - Policy Article (A52521). <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=52521&ver=51>