

Urological Supplies

A Collaboration Webinar
presented by the
A/B and DME Medicare
Administrative Contractors

March 27, 2025



DISCLAIMER

The A/B and DME MAC Provider Outreach and Education (POE) staff have produced this material as an informational reference for providers furnishing services in our contract jurisdictions to Medicare beneficiaries.

Although every reasonable effort has been made to assure the accuracy of the information within these pages at the time of publication, the Medicare program is constantly changing, and it is the responsibility of each provider to remain abreast of the Medicare program requirements. Any regulations, policies and/or guidelines cited in this publication are subject to change without further notice. Current Medicare regulations can be found on the Centers for Medicare & Medicaid Services (CMS) website at <http://www.cms.gov>.

As a reminder, CMS does not allow recording of education opportunities such as this.

PARTICIPANTS

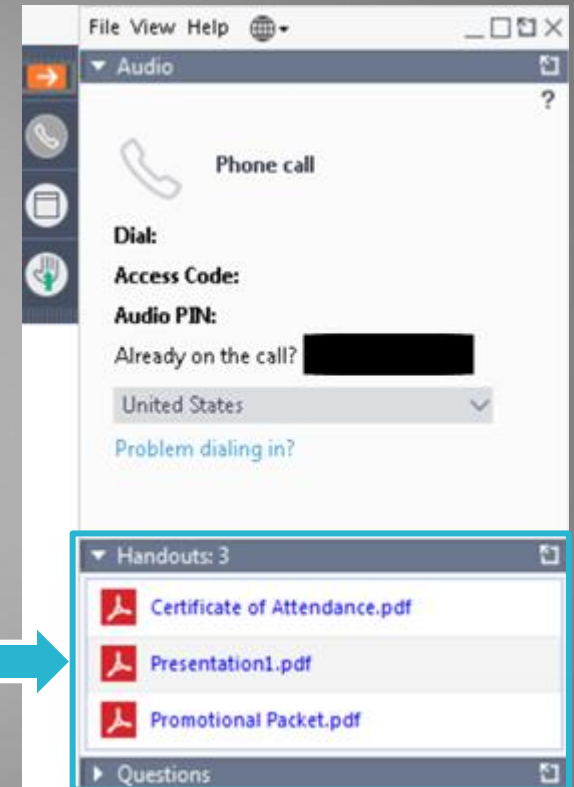
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- **First Coast Service Options, Inc.:** <http://www.fcso.com/>
- **National Government Services:** <http://ngsmedicare.com/>
- **Noridian Healthcare Solutions, LLC:** <http://www.noridianmedicare.com/>
- **Novitas Solutions:** <https://www.novitas-solutions.com/>
- **Palmetto GBA:** <http://www.palmettogba.com/>
- **WPS Government Health Administrators:** <https://www.wpsgha.com/>

A man in a dark suit and tie is pointing his right index finger towards a large, dark, rounded rectangular button. The button has the word 'WEBINAR' written on it in white, bold, sans-serif capital letters. The background is a plain, light gray.

WEBINAR

TODAY'S PRESENTATION

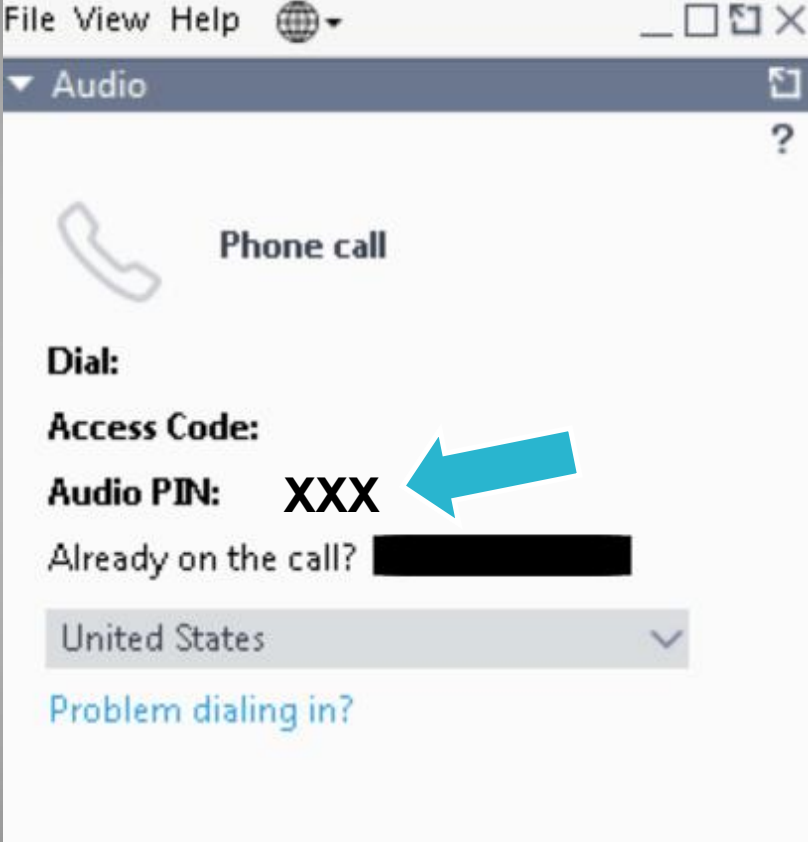
- Once you are connected to the webinar, select **Handouts**
- Select **Urological Supplies.pdf** to download the presentation



AUDIO

Once you are connected to the audio, the PIN displays

- Input the PIN on your screen into your telephone
- Dial-in number and PIN are unique for each attendee



File View Help

Audio

Phone call

Dial:

Access Code:

Audio PIN: **XXX**

Already on the call? ☐

United States

[Problem dialing in?](#)

QUESTION BOX

To ask a question in the question box . . .

The screenshot shows a software window with a menu bar (File, View, Help) and a sidebar with icons for navigation. The main content area is titled 'Audio' and contains a 'Phone call' section with fields for 'Dial:', 'Access Code:', and 'Audio PIN:'. Below these fields is a dropdown menu set to 'United States' and a link 'Problem dialing in?'. At the bottom of the window, there is a 'Questions' section with a large text input area and a 'Send' button. A blue arrow points from the text 'Type it here.' to the question input area, and another blue arrow points from 'Hit send.' to the 'Send' button.

File View Help

Audio

Phone call

Dial:

Access Code:

Audio PIN:

Already on the call? [Redacted]

United States

[Problem dialing in?](#)

Handouts: 3

Questions

[Enter a question for staff]

Send

Type it here.

Hit send.

AGENDA

Coverage

Billing

Documentation Requirements

Resources



Coverage

[Local Coverage Determination L33803](#)

[Policy Article A52521](#)

[National Coverage Determination 230.17](#)

GENERAL COVERAGE

Test of permanence

- Drain or collect urine for beneficiary
 - Permanent urinary incontinence, or
 - Permanent urinary retention

Permanent impairment of urination required

- Not correctable medically or surgically within three months

Related supplies

- Covered if catheter/device criteria met

INDWELLING CATHETER COVERAGE

Routine maintenance

- One per month

Non-routine maintenance

- Documentation must support medical necessity
 - Accidentally removed
 - Malfunction
 - Obstruction
 - History of recurrent obstruction or urinary tract infection (UTI)

SPECIALTY INDWELLING OR ALL SILICONE CATHETER

A4340, A4344, A4312, A4315

Coverage criteria for indwelling catheter met, and
Medical record justifies need

- Recurrent encrustation
- Inability to pass straight catheter
- Sensitivity to latex

Catheter must be necessary for beneficiary

- Coude (curved) tip indwelling rarely necessary for females

THREE WAY INDWELLING CATHETER

A4346

- Indwelling catheter

A4313, A4316

- Other components

Primarily used after bladder/prostate cancer, or prostate surgery

Covered if continuous catheter irrigation reasonable and necessary

LEG BAG

Coverage criteria

- Beneficiary ambulatory or wheelchair bound
- A4358 (vinyl) or A5112 (latex) bag
 - Not reasonable and necessary to use both
- A4331 or A5112 extension tubing with latex leg bag
 - Included with A4314, A4315, A4316, A4354, A4357, A4358, A5105
 - Replacement leg straps (A5113, A5114)
 - Should not be used for indwelling catheter

Beneficiary is bedridden

- Not reasonable and necessary

INTERMITTENT IRRIGATION OF INDWELLING CATHETERS

Supplies coverage on as-needed basis with acute catheter obstruction

- Supplies
 - Irrigation tray (A4320) or irrigation syringe (A4322)
 - Sterile water or saline (A4217)
- Irrigation solutions denied (A9270, A4321)
 - Containing antibiotics and chemotherapeutic agents (non-covered)
 - Acetic acid or hydrogen peroxide (not reasonable and necessary)

Routine use at predetermined intervals

- Denied not reasonable and necessary

CONTINUOUS IRRIGATION OF INDWELLING CATHETERS

Not covered as primary preventive measure

Supplies coverage

- History of catheter obstruction; and
- Patency not maintained by intermittent irrigation with catheter changes

Greater than two weeks continuous irrigation

- Rarely reasonable and necessary

Documentation requirements

- Medical necessity of continuous irrigation as opposed to intermittent irrigation
- Indicate rate of solution administration
- Duration of need – rarely reasonable and necessary when more than two weeks

CONTINUOUS IRRIGATION OF INDWELLING CATHETERS ₂

Covered supplies

- Three-way Foley catheter (A4313, A4316, A4346)
- Irrigation tubing set (A4355)
 - One per day
- Sterile water/saline (A4217)

Irrigation solutions containing antibiotics and chemotherapeutic agents (A9270)

- Non-covered

Acetic acid/hydrogen peroxide

- Based on allowance for sterile water/saline

INTERMITTENT CATHETERIZATION

General coverage criteria met

Beneficiary or caregiver can perform procedure

Medicare allowance per catheterization episode

- One catheter (A4351, A4352) and individual packet of lubricant (A4332) per month, or
- One sterile intermittent catheter kit (A4353) IF additional coverage criteria met
 - Additional criteria on next slide

COVERAGE STERILE INTERMITTENT CATHETERIZATION - A4353

Requires catheterization and beneficiary meets one of following criteria:

- Resides in nursing facility
- Immunosuppressed (not an all-inclusive list)
 - Regimen of immunosuppressive drugs post-transplant
 - On cancer chemotherapy
 - Has AIDS
 - Has a drug-induced state such as chronic oral corticosteroid use
 - High-level spinal cord injury patients (T3 or higher)

COVERAGE STERILE INTERMITTENT CATHETERIZATION - A4353 ₂

Radiologically documented vesico-ureteral reflux

- While on intermittent catheterization program

Spinal cord injured pregnant female with neurogenic bladder

- Coverage will last for duration of pregnancy

Distinct, recurrent UTIs on program with A4351/A4352 and A4332 (catheter and lubricant)

- Twice within 12 months
 - Prior to initiation of sterile intermittent catheter kits

UTI

Urine culture with more than 10,000 colony forming units

- Urinary pathogen; and

Concurrent presence of one or more:

- Fever
- Systemic leukocytosis
- Change in urinary urgency, frequency or incontinence
- New/increase in autonomic dysreflexia
- Physical signs of prostatitis, epididymitis, orchitis
- Increased muscle spasms
- Pyuria

EXAMPLE

Q: If a beneficiary enters Medicare using the A4353, intermittent catheter kit, do they have to trial the A4351 and A4352 to qualify for the A4353?

A: Medicare will not require beneficiaries entering Medicare to go back and trial the A4351 or A4352 and wait for two UTIs within 12 months.

- Documentation required if claim denial occurs
- If documentation not available, send current medical documentation that supports need for A4353
- Medicare will not request medical records older than seven years

CURVED TIP (COUDE) CATHETER

A4352

Rarely reasonable and necessary for females

Common use for men with enlarged prostate

Must document medical necessity

- I.e., inability to catheterize with straight tip catheter

EXTERNAL CATHETERS/URINARY COLLECTION DEVICES

Coverage criteria

- Permanent urinary incontinence
- Alternative to indwelling catheter

Male external catheter

- 35/month
- A4326 specialty type
 - I.e., inflatable, includes faceplate, or extended wear
 - Documentation must support medical necessity

Female external urinary collection device

- A4327 meatal cup (one per week)
- A4328 pouch (one per day)

INTRAURETHRAL DRAINAGE SYSTEM

Coverage criteria inFlow™ device

- Alternative to intermittent catheterization
 - For patients with permanent urinary retention
- Initially inserted by treating practitioner
- Replacement ≤ every 29 days by beneficiary/caregiver

CONTINUED COVERAGE BEYOND FIRST THREE MONTHS

In-person re-evaluation by treating practitioner

- Between 31 - 91 day after initiating therapy
- Re-evaluation after day 91
 - Begin with date of re-evaluation

Documentation of use and clinical benefit

- In-person encounter by treating practitioner
 - Documented urinary symptom improvement; and
- Verification of inFlow™ device usage

NON-COVERED SUPPLIES

Reminder – coverage is met if condition permanent

Treatment of chronic UTI/another bladder condition

- Absence of permanent urinary incontinence/retention

Not related to covered uses of catheters/external urinary collection devices

Irrigation supplies

- Care of incontinent beneficiary's skin/perineum

NON-COVERED SUPPLIES 2

Creams, salves, lotions, barriers, etc.

Catheter care kits

Adhesive remover

Catheter clamp or plug

Disposable under pads

Diapers, incontinent garments

- Disposable or reusable

Drainage bag holder or stand

NON-COVERED SUPPLIES ³

Urinary suspensory without leg bag

Measuring container

Urinary drainage tray

Gauze pads and other dressings

Disposable external urethral clamp/compression device



Billing

SUPPLIES

Utilized in physicians' office

- Considered supplies incident to physicians' service

Furnished for temporary condition

- Considered supplies incident to physicians' service

URINARY DRAINAGE COLLECTION SYSTEM QUANTITIES

Usual maximum quantity of supplies

Code	Number per Month
A4314	1
A4315	1
A4316	1
A4354	1
A4357	2
A4358	2
A5112	1
Code	Number per Three Months
A5102	1

CATHETER INSERTION TRAY

A4310-A4316, A4354

One per episode of indwelling insertion

- Additional trays denied

INTERMITTENT CATHETER SUPPLIES

Usual maximum quantity of supplies

Code	Number per Month
A4332 - lubricant	200
A4351 - catheter	200
A4352 - catheter	200
A4353 - kit	200

MISCELLANEOUS SUPPLIES

Appliance cleaner

- Clean inside urinary collecting appliance
- One unit of service (16 oz) per month

External urethral clamp/compression device

- One every three months
 - Sooner if rubber/foam casing deteriorates

Tape

- 10 units/month are covered
 - One unit = 18 square inches

MISCELLANEOUS SUPPLIES 2

Adhesive catheter anchoring devices

- Three/week are covered

Catheter leg straps

- One/month is covered

Catheter/tube anchoring device

- Covered/separately payable
 - Used to anchor covered suprapubic tube/nephrostomy tube
- Not reasonable and necessary
 - Used to anchor indwelling urethral catheter

MISCELLANEOUS SUPPLIES ³

Urethral inserts

- Females with stress incontinence
- General coverage criteria met
- Beneficiary/caregiver can perform procedure
- Not indicated for women with:

MISCELLANEOUS SUPPLIES 4

Urethral inserts categories continued

- Bladder infection/UTI
- History of urethral stricture, bladder augmentation, pelvic radiation, other conditions
 - When urethral catheterization not clinically advisable
- Immunocompromised, significant risk from UTI, interstitial cystitis, pyelonephritis, or compromised urinary mucosa
- Unable to tolerate antibiotic therapy
- On anticoagulants
- Overflow incontinence or neurogenic bladder



Documentation Requirements

AUTHORIZED TO ORDER

Treating practitioner:

- Doctor of Medicine (MD)
- Doctor of Osteopathy (DO)
- Nurse Practitioner (NP)
- Clinical Nurse Specialist (CNS)
- Physician Assistant (PA)

Treating practitioner must be enrolled in Medicare

ORDER INFORMATION

Orders referencing PRN (as needed)

- Usage must be justified in medical record

Exception to order (SWO) for prescribing practitioners who are also suppliers

- SWO not required
- Medical record must contain all elements of SWO

Signature and date stamps not allowed

Prescriptions still not considered part of medical record

STANDARD DOCUMENTATION REQUIREMENTS

Standard Documentation Policy Article (A55426)

- Standard Written Order (SWO)
- Medical records
- Quantity to be dispensed
- Continued use/continued need (if applicable)
- Policy specific requirements

STANDARD WRITTEN ORDER (SWO)

- Beneficiary's name or Medicare Beneficiary Identifier (MBI)
- Order date
 - Date request communicated to supplier
- General description of item
- Quantity to be dispensed, if applicable
- Treating practitioner name or NPI
- Treating practitioner's signature
- Signature/date stamps not allowed

**SWO must be completed and signed prior to
billing Medicare**

SWO: DESCRIPTION

Description – General description (e.g., urological supplies), HCPCS code, HCPCS code narrative,

For equipment – In addition to description of base item, SWO may include all concurrently ordered options, accessories or additional features that are separately billed (List each separately)

For supplies – In addition to description of base item, SWO may include all concurrently ordered supplies that are separately billed (list each separately)

CONTINUED USE

Ongoing utilization of supplies/rented item(s)

- Timely documentation in medical record showing usage
- Request for refill/replacement
- Supplier records documenting beneficiary confirmation of use of rental item
 - Timely documentation = within preceding 12 months
 - Unless otherwise specified in the policy

CONTINUED NEED

Established at the time the item is first ordered

- Once initial medical need established ongoing need is assumed to be met
- No requirement for further documentation if beneficiary continues to meet Prosthetic Devices benefit

NEW ORDER REQUIRED

All claims for purchases or initial rentals

Change in order for accessory, supply, drug, etc.

On regular basis (even if there no change in order) only if specified in particular medical policy

Item replaced

Change in supplier and new supplier unable to obtain copy of valid order from original supplier

Note: Be aware of state law/statute requirements

DOCUMENTATION REQUIREMENTS

For any DMEPOS item to be covered by Medicare, the medical record must contain sufficient documentation of the patient's medical condition to substantiate the necessity for the type and quantity of items ordered and for the frequency of use or replacement

- Detailed documentation in treating practitioner's records supporting:
 - Medical necessity of item billed
 - Diagnosis code that is billed on the claim
- Medical information intended to demonstrate compliance with coverage criteria may be included on prescription but must be corroborated by information contained in medical record

COMPREHENSIVE ERROR RATE TESTING (CERT)

2024 estimated improper payments

Improper Payment Rate	Projected Improper Payment Rate Amount	Service Type Improper Payment
45.2%	\$257,761,158	No documentation received by CERT: 80.2%

Second highest projected improper payment amount in dollars



Resources

CMS

DME MACs

Other Related Contractors

NCD and LCD References

- National Coverage Determination 230.17 for Urological Supplies
 - <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=248>
- Local Coverage Determination for Urological Supplies (L33803)
 - <https://www.cgsmedicare.com>
 - <https://www.noridianmedicare.com>
- Related Policy Article for Urological Supplies (A52521)
 - <https://www.cgsmedicare.com>
 - <https://www.noridianmedicare.com>

Noridian Healthcare Solutions Jurisdiction A Resources

- **Website:** <https://med.noridianmedicare.com/web/jadme>
- **IVR, Supplier Contact Center, and Telephone Reopenings:**
1.866.419.9458
- **Noridian Medicare Portal:**
<https://med.noridianmedicare.com/web/jadme/topics/nmp>
- **LCDs and Policy Articles:**
<https://med.noridianmedicare.com/web/jadme/policies/lcd/active>

CGS Administrators, LLC

Jurisdiction B Resources

- **Website:** <http://www.cgsmedicare.com/jb>
- **IVR Unit:** 1.877.299.7900
- **myCGS Web Portal:** <http://www.cgsmedicare.com/jb/mycgs/index.html>
- **Customer Service:** 1.866.590.6727
- **Telephone Re-openings:** 1.844.240.7490
- **LCDs and Policy Articles:**
<http://www.cgsmedicare.com/jb/coverage/lcdinfo.html>



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Jurisdiction C Resources

- **Website:** <http://www.cgsmedicare.com/jc>
- **IVR Unit:** 1.866.238.9650
- **myCGS Web Portal:** <http://www.cgsmedicare.com/jc/mycgs/index.html>
- **Customer Service:** 1.866.270.4909
- **Telephone Re-openings:** 1.866.813.7878
- **LCDs and Policy Articles:**
<http://www.cgsmedicare.com/jc/coverage/lcdinfo.html>



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Noridian Healthcare Solutions Jurisdiction D Resources

- **Website:** <https://med.noridianmedicare.com/web/jddme/>
- **IVR, Supplier Contact Center and Telephone Reopenings:**
1.877.320.0390
- **Noridian Medicare Portal:**
<https://med.noridianmedicare.com/web/jddme/topics/nmp>
- **LCDs and Policy Articles:**
<https://med.noridianmedicare.com/web/jddme/policies/lcd/active>

Other Contractor Resources

- Pricing, Data Analysis and Coding Contractor (PDAC)
 - 1.877.735.1326
 - <http://www.dmepdac.com>
- National Provider Enrollment (NPE)
 - NPE East
 - <https://www.novitas-solutions.com/webcenter/portal/DMEPOS>
 - NPE West
 - <https://www.palmettogba.com/palmetto/npewest.nsf>
- CEDI
 - 1.866.311.9184
 - <http://www.ngscedi.com/ngs/portal/ngscedi>
 - E-mail: NGS.CEDIHelpdesk@anthem.com



Questions?

Thank you for attending this A/B and
DME MAC collaborative education.



**Thank you for
attending!**