



## BILLING POLICY No. 036

### UROLOGICAL SUPPLIES

Effective date: Aug. 1, 2024

Review dates: 11/2024

Date of origin: May 2024

The purpose of this policy is to identify the payment policy and documentation requirements associated with urological supplies.

## APPLIES

Commercial plans

## DEFINITION

Priority Health will limit the quantity of urological supplies in accordance with the Centers for Medicare and Medicaid Services (CMS) coverage policies. The medical necessity for use of supplies above the amounts specified in this policy must be well documented in the member's medical record and should be submitted with an appeal for review of items exceeding the limits.

## POLICY SPECIFIC INFORMATION

### Documentation requirements

- We're aligning with CMS standard documentation requirements for supplies and DME, as outlined in [article A55426](#). Reference this article for documentation requirements.
- Documentation must support refill requests as outlined in the article above.
- Supplies should not be dispensed for more than a 3-month quantity.
- A written order for supplies must be on file and dated prior to the date the member receives the supplies.
- The narrative in the NTE Segment of the electronic claim should outline the number of months being billed. This is in addition to the description of the supplies being provided (if applicable).
- Supplies with a date of service (DOS) during or before a discharge date for an inpatient facility stay will be denied.
- Proof of delivery must be detailed in the medical record. Failure to detail the date of delivery as outlined by CMS in the standard documentation requirements article may result in denial of claim or overpayment recovered.

### Place of service

Review specific information regarding DME place of service billing requirements in our [Durable Medical Equipment \(DME\) place of services \(POS\) billing policy](#).

### Urological supply maximum quantities

#### INDWELLING CATHETERS

No more than one catheter per month is payable for routine catheter maintenance:

- A4310

- A4311
- A4312
- A4313
- A4314
- A4315
- A4316
- A4353
- A4354

### **CATHETER INSERTION TRAY**

One insertion tray will be payable per episode of indwelling catheter insertion:

- A4310
- A4311
- A4312
- A4313
- A4314
- A4315
- A4316
- A4353
- A4354

### **URINARY DRAINAGE COLLECTION SYSTEM**

Maximum quantity of supplies:

- A4341 – 1 per month
- A4315 – 1 per month
- A4316 – 1 per month
- A4354 – 1 per month
- A5112 - 1 per month
- A4357 – 2 per month
- A4358 – 2 per month
- A5102 - 3 per month

### **CONTINUOUS IRRIGATION OF INDWELLING CATHETERS**

More than one irrigation tubing set (A4355) per day for continuous catheter irrigation will be denied as not payable.

### **INTERMITTENT CATHETERIZATION**

Maximum quantity of supplies for intermittent catheterization is 200 per month:

- A4332
- A4351
- A4352
- A4353

## **EXTERNAL CATHETERS/URINARY COLLECTION DEVICES**

The utilization of male external catheters (A4349) should not exceed 35 per month.

For female external urinary collection devices, more than one meatal cup (A4327) per week or more than one pouch (A4328) per day will be denied.

## **INFLOW DEVICE**

The inFlow device (A4341) is allowable as an alternative to intermittent catheterization for cases where Permanent Urinary Retention (PUR) due to Impaired Detrusor Contractility (IDC) is present. One inFlow device is payable every 29 days. Claims for the inFlow device billed more than once every 29 days will be denied.

## **MISCELLANEOUS SUPPLIES**

- Appliance cleaner (A5131) – 1 unit per month
- External urethral clamp or compression device (A4356) – 1 unit every 3 months
- Tape (A4450, A4452) – 10 units per month
- Adhesive skin attachment (A4333) – 3 units per week
- Leg strap (A4334) – 1 unit per month

Other items that may be used for incontinence will not be separately paid. These items are not prosthetic devices nor are they required for the effective use of a prosthetic device. This list may not be all inclusive:

- Creams, salves, lotions, barriers (liquid, spray, wipes, powder, paste) or other skin care products (A6250)
- Catheter care kits (A9270)
- Adhesive remover (A4455, A4456) (Coverage remains for use with ostomy supplies.)
- Catheter clamp or plug (A9270)
- Non-Disposable underpads (A4553)
- Disposable underpads, e.g., Chux (A4554)
- Diapers, or incontinent garments, disposable or reusable (A4520)
- Drainage bag holder or stand (A9270)
- Urinary suspensory without leg bag (A9270)
- Measuring container (A9270)
- Urinary drainage tray (A9270)
- Gauze pads (A6216, A6217, A6218) and other dressings (coverage remains under other benefits, e.g. surgical dressings)
- Other incontinence products not directly related to the use of a covered urinary catheter or external urinary collection device (A9270)
- Disposable external urethral clamp or compression device, with pad and/or pouch, (A4360)

## **MODIFIERS**

**KX modifier** must be appended to indicate that policy criteria has been met.

## **MEDICARE**

Medicare NCD, LCD or article policy criteria should be followed.

KX, GA, GY, GZ Modifiers – Per CMS local coverage determinations, one of these modifiers are required for claim processing Medicare DME items. Review applicable LCD for additional guidelines.

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## **CHANGE / REVIEW HISTORY**

<b>Date</b>	<b>Revisions made</b>
Nov. 11, 2024	Added "Place of service" section