

MEDICARE UROLOGICAL SUPPLY LIMITS

The following is a guideline for urological supply limits, because Medicare coverage guidelines change periodically, this chart is to be used as a reference. It is not to take the place of the written law or regulations.

CATHETER		
INTERMITTENT	MALE EXTERNAL	FOLEY
<p>Self-cath: Catheter is temporarily inserted into the bladder to drain urine from body. Straight, Coude' and Closed System Catheters are available.</p>	<p>Condom: Used for males with a urinary incontinence and typically drain into a leg bag. Re-assembled and condom style available.</p>	<p>Indwelling: Catheter remains inside the bladder. Drains into a leg bag or bedside drainage bag. Two-way and three-way catheter available.</p>
Urological Conditions	Urological Conditions	Urological Conditions
<p>Urinary Retention or Incontinence</p> <p>Primary Condition: N39.46 Stress/Urges Incontinence (mixed) N39.41 Urge Incontinence N39.3 Stress Incontinence R32 Urinary Incontinence, Unspecified** R33.9 Urinary Retention R39.14 Incomplete Bladder Emptying</p> <p>Underlying Condition: N35.9 Urethral Stricture, Unspecified** N40.1 BPH with LUTS N40.0 BPH without LUTS G35 Multiple Sclerosis G80.9 Cerebral Palsy, Unspecified** G82.20 Paraplegia, Unspecified** G82.50 Quadriplegia, Unspecified**</p>	<p>Urinary Incontinence</p> <p>Primary Condition: N39.46 Stress/Urges Incontinence (mixed) N39.41 Urge Incontinence N39.3 Stress Incontinence R32 Urinary Incontinence, Unspecified**</p> <p>Underlying Condition: G35 Multiple Sclerosis G80.9 Cerebral Palsy, Unspecified** G82.20 Paraplegia, Unspecified** G82.50 Quadriplegia, Unspecified** Q07.01 Spina Bifida</p>	<p>Urinary Retention or Incontinence</p> <p>Primary Condition: N39.46 Stress/Urges Incontinence (mixed) N39.41 Urge Incontinence N39.3 Stress Incontinence R32 Urinary Incontinence, Unspecified** R33.9 Urinary Retention R39.14 Incomplete Bladder Emptying</p> <p>Underlying Condition: N35.9 Urethral Stricture, Unspecified** N40.1 BPH with LUTS N40.0 BPH without LUTS G35 Multiple Sclerosis G80.9 Cerebral Palsy, Unspecified** G82.20 Paraplegia, Unspecified** G82.50 Quadriplegia, Unspecified**</p>

** Unspecified Code, ICD-10 code should be provided to indicate the highest degree of specificity, when applicable.

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UROLOGY PRODUCTS								
	Foley Catheter	Straight Intermittent Catheter	Coude' Intermittent Catheter	Closed System Catheter w/Insertion Supplies	Lubricant	External Catheter	Drainable Bag	Leg Bag**
Medicare Limit	1 per 30 days	200 per month**	200 per month**	200 per month**	200 packets per month**	35 per month	2 per month	2 per month (Vinyl); 1 per month (Latex)
Documentation Needs (1)		Physician notes indicating how often catheterizing, the urological conditions for which catheterizing is required and permanence of condition (lasting greater than 3 months).	Physician notes indicating how often catheterizing, the urological conditions for which catheterizing is required and permanence of condition (lasting greater than 3 months). Notes need to indicate the reason a Coude' catheter is required (i.e. urethral scarring, stricture, BPH, etc.). Females rarely require Coude' tip catheter.	Most Common Needs: 1. Two (2) documented Urinary Tract Infections (UTIs) in 12-month period while performing clean intermittent catheterization using a straight intermittent catheter (A4351 or A4352). 2. Patient is immunosuppressed, for example (not all-inclusive); <ul style="list-style-type: none"> On immunosuppressed drugs post-transplant (Examples: Tacrolimus, Mofetil, Cyclosporine) On cancer chemotherapy AIDS Chronic oral corticosteroid use (Examples: Prednisone, PediaPred, Medrol). 3. Radiologically documented vesico-ureteral reflux. 4. Patient resides in a nursing facility.				
HCPCS	A4312-A4316; A4338-A4346	A4351	A4352	A4353	A4332; A4402	A4349	A4357****	A4358 (Vinyl) **** A5122 (Latex)

** Up to 200 per month based on times cathing per day as indicated by the physician.

*** Coverage for only one type of leg bag (vinyl or latex) allowed each month. Example: if a patient is cathing six times per day, their limit is 180 catheters and individual packets of lubricant.

**** Total of two each per month of A4357 or A4358. Example: One A4357 and one A4358 for a total of two per month.

1. Summarized based on the Center for Medicare and Medicaid Services, Local Coverage Determinations (LCD): Urological supplies (L33803) as of January 14, 2016 and Local Coverage Articles for Urological Supplies, Policy Article (A52521) effective October 1, 2015

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