



A guide to  
**Reimbursement  
of Intermittent Catheters**

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Intermittent catheterization is a covered Medicare benefit when basic coverage criteria are met and the individual or caregiver can perform the procedure. Bard Medical provides this information to help answer questions about coding and reimbursement for intermittent catheters.

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C. R. Bard, Inc. does not guarantee that use of any of the codes noted in this booklet will ensure coverage or payment at any particular level. Medicare, Medicaid or other payors may implement policies differently in various sections of the country. Physicians and hospitals should confirm with a particular payor or coding authority, such as the American Medical Association or medical specialty society, which codes or combinations codes are appropriate for a particular procedure or combination of procedures. Reimbursement for a product or procedure can be different depending upon the setting in which the product is used. Coverage and payment policies also change over time, so that information provided here may at some point need to be revised.

## Coverage Criteria<sup>2</sup>

Medicare considers an intermittent catheter as a prosthetic benefit—it's purpose is to replace some part of the body that is permanently inoperative or malfunctioning. For this reason, the primary criteria for Medicare coverage of BARD® intermittent catheters is that the individual have permanent urinary incontinence or urinary retention.

## Utilization Guidelines<sup>1</sup>

Intermittent catheters are covered by Medicare as a prosthetic device benefit . Urinary catheters are covered to drain or collect urine for a beneficiary who has permanent urinary incontinence or permanent urinary retention. Permanent urinary retention is defined as retention that is not expected to be medically or surgically corrected in that beneficiary within 3 months. 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 page 4) are met.

<sup>1</sup> 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 (1-5):

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
3. The beneficiary has radiologically documented vesico-ureteral reflux while on a program of intermittent catheterization,
4. The beneficiary is a spinal cord injured female with neurogenic bladder who is pregnant (for duration of pregnancy only),
5. 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.

A beneficiary would be considered to have a urinary tract infection if they have a urine culture with greater than 10,000 colony forming units of a urinary pathogen AND concurrent presence of one or more of the following signs, symptoms or laboratory findings:

- Fever (oral temperature greater than 38° C [100.4° F])
- 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)

## Documentation Requirements<sup>3</sup>

To begin the claims process and get your intermittent catheter supplies, you'll need a doctor's order or prescription. Be sure this documentation includes the following:

- Beneficiary's name
- Prescribing provider's name
- Date of the order
- Detailed description of the item(s)
- Frequency of use
- Prescribing provider's signature and date

In cases where quantity used each month exceeds that originally prescribed by your doctor, you may need additional documentation to ensure reimbursement. A pharmacy or medical supplies dealer should be able to help you get medical records that indicate this need due to permanent urinary incontinence or urinary retention.

## Categories and Healthcare Common Procedure Coding System (HCPCS) Codes

Intermittent catheters are classified into generic descriptive categories and are assigned an alphanumeric code. These HCPCS codes are used when billing for your catheter supplies.

### HCPCS Description<sup>1</sup>

- A4351 Intermittent urinary catheter; straight tip, with or without coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each
- A4352 Intermittent urinary catheter; coude (curved) tip, with or without coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each
- A4353 Intermittent urinary catheter, with insertion supplies
- A4332 Lubricant, individual sterile packet, each

The following table represents the usual maximum number of supplies:

<u>Code (#/mo)</u>
A4332 (200)
A4351 (200)
A4352 (200)
A4353 (200)

# Frequently Asked Questions

## **How many intermittent catheters does Medicare allow?<sup>1</sup>**

Medicare will reimburse for up to 200 intermittent catheters per month, according to April 1, 2008 guidelines. Intermittent catheters are designed to be used only once and then discarded.

## **Should I expect to get 200 of each supply every month? Medicare’s policy shows a table listing a “usual maximum” of 200 for number of supplies allowed.<sup>1</sup>**

No, you probably won’t need that many. Medicare’s “usual maximum” number is for patients with extreme utilization requirements. Most people will not require 200.

Your doctor will make a determination, based on your medical condition, about how many supplies you’ll need. Medicare requires sufficient information in your medical record to justify the amount ordered.

You or your caregiver must request refills of urological supplies before they are dispensed. Suppliers cannot automatically dispense a predetermined amount of supplies on a monthly basis. Instead they should check with you or your caregiver to find out how many you’ve used to date and adjust the number of supplies accordingly.

## **What if I need more supplies than the usual maximum listed in the Medicare guidelines?<sup>1</sup>**

Your doctor will need to provide a written explanation for why you need more. This letter will be kept on file by your supplier. If you have a history of symptomatic recurrent urinary tract infections while using intermittent catheterization, you’re eligible for a higher quantity of catheters or catheter kits with insertion supplies.

## **What can I do about recurrent urinary tract infections? I’ve started using straight intermittent catheters, but they don’t seem to help.<sup>1</sup>**

Talk with your doctor and see if a closed system intermittent catheter might help. It’s a “touchless”

catheter, meaning your hands do not have to touch it, reducing the risk of infection. Medicare covers these under an A4353 HCPCS code. They do require additional documentation.

**My medical costs are covered by my private insurance policy, not Medicare. Will Medicare's policies affect me?**

Check with your insurance company to be sure. Most insurance providers do follow Centers for Medicare and Medicaid Services (CMS) guidelines.

**My doctor says I require a coude tip catheter, since I've been unable to catheterize using a straight tip. Do I need to provide additional documentation to be covered?<sup>1</sup>**

Yes, Medicare requires that your medical history file be documented to show need for a coude tip. Your doctor will need to document that you're unable to pass a straight tip catheter, or that you suffer from urethral strictures that make catheterization more difficult.

According to Medicare guidelines, a coude tip is not usually medically necessary in female patients, but women who are unable to pass a straight tip catheter are usually covered for use of a coude tip catheter. For women who are just learning to use intermittent self-catheterization, some healthcare providers have found that an olive tip coude may be easier to use.

**What information does Medicare require in an audit to cover payment for the type and quantity of urological supplies ordered by my doctor?<sup>1</sup>**

Your medical record must contain documentation of your medical condition that proves the type and quantity of items ordered are needed at the frequency of use or replacement ordered by your doctor. For intermittent catheterization, the information should include:

- Prescription
- Medical Record Information (including continued need/use if applicable)
- Correct Coding
- Proof of Delivery

Your medical record must include all clinical information necessary to support the medical necessity for the item. It should be further substantiated by a supplier-prepared statement or physician attestation. But neither your doctor's order or attestation, nor a supplier-prepared statement alone is sufficient documentation of medical necessity.

In addition to your doctor's office records, your medical record may include hospital, nursing home, or home health agency (HHA) records, and records from other professionals including, but not limited to, nurses, physical or occupational therapists, prosthetists, and orthotists.

### **If my supplier bills Medicare directly, do they also take my co-pay?**

Yes. If your supplier accepts assignment for Medicare, you will need to pay the supplier 20% co-insurance of Medicare's allowable amount for your product. If your supplier doesn't accept assignment, they are still required to file your claim. Upon receipt of the claim, Medicare will pay its portion of the cost directly to you. The supplier may require you to pay most of the entire bill when you receive your supplies.

### **What can I do if my supplier tells me my catheters are not covered? They're saying I have to pay for them.**

Intermittent catheters are covered under Medicare and there are many suppliers who can help you get coverage and reduce your out-of-pocket expenses.

### **Where is the best place to get my product if I don't have insurance?**

You may be able to find lower prices on your product through a cash-based supplier. Since these suppliers avoid the administrative expenses of filing insurance claims, they can usually provide the same product for less money.



**I'm having trouble getting my BARD® brand of catheters. What can I do?**

Please contact Bard Care at 1-800-243-3315 or [www.bardcare.com](http://www.bardcare.com)

**Who can I contact with further questions?**

Please contact Bard Care at 1-800-243-3315 or [www.bardcare.com](http://www.bardcare.com)





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- 1. Local Coverage Determination (LCD):**  
Urological Supplies (L33803).  
*Centers for Medicare & Medicaid Services*
- 2. Local Coverage Article:**  
Urological Supplies - Policy Article (A52521)  
*Centers for Medicare & Medicaid Services*
- 3. Local Coverage Article:**  
Standard Documentation Requirements for All Claims  
Submitted to DME MACs (A55426).  
*Centers for Medicare & Medicaid Services*

*Intermittent catheters are intended for draining urine from the bladder. Reuse of a single use device may create a risk of patient or user infection. Please consult product labels and inserts for more detailed safety information and instructions for use.*



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