**Urological Supply Coverage and Prescriptions**

**Under Medicare Guidelines**

**A spinal cord injury / disorder (SCI/D) disrupts messages traveling to or from the brain and can alter the urinary process. When this happens, the bladder cannot tell the brain that it is full, and the brain cannot tell the bladder sphincter to open so that urine can be released. This is referred to as a neurogenic bladder.**

**I require the use of a catheter for bladder management. Do I qualify?**

* I have a neurogenic bladder that does not allow me to fully empty my bladder
* The catheter and associated supplies are reasonable and necessary for the treatment of my illness or injury

**What type of catheter is appropriate when I have a neurogenic bladder with urinary retention?**

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| --- |
| **What Type of Catheter Do I Qualify For?** |
|  | Intermittent Catheter | Indwelling Catheter |
| Non-specialty | Coude Tip | Sterile Kit | Non-specialty | Coude Tip | Infection Control | Double balloon | Silicone  |
|  |  |  | Urethral | Suprapubic |  |  |  |  |
| I have neurogenic bladder  | X | X | X | X | X | X | X | X | X |
| I have urinary retention | X | X | X | X | X | X | X | X | X |
| I intermittent catheterize | X | X | X |  |  |  |  |  |  |
| I am unable to pass a straight catheter |  | X\*\* |  |  | X | X\*\* |  |  |  |
| I have a caregiver to assist with intermittent catheterizationORI live in a nursing facilityORI have a spinal cord injury and I am pregnantORI have had 2 or more distinct urinary tract infections within the past 12 months |  |  | X\* |  |  |  |  |  |  |
| I have had 2 or more distinct urinary tract infections within the past 12 months that have required use of antibiotics |  |  |  |  |  |  | X |  |  |
| I do not intermittent catheterize |  |  |  | X | X | X | X | X | X |
| I have severe inflammation |  |  |  |  |  |  |  | X\*\*\* |  |
| I am allergic to latex |  |  |  |  |  |  |  |  | X |

**To qualify for a specific catheter or kit, you must have all the corresponding Xs in the column.**

\*When using a sterile kit, the technique used is a sterile catheterization technique. Otherwise a clean intermittent catheterization technique is used.

\*\*False passages could make it difficult to place a catheter. Therefore, before using a coude tip catheter, ensure that there are no false passages. Consider asking your prescriber or urologist for further evaluation, which may include a cystoscopy.

\*\*\*The only double balloon indwelling catheter on the market right now is the Duette catheter.

**I use intermittent catheters. What things do I need to know?**

**Limits on coverage eligibility include:**

* One catheter for each episode of catheterization
* Usual maximum quantity of supplies allowed per month: 200 (total will depend on prescriber’s documentation of number of catherizations required per day)
* If more supplies are medically necessary, the need and quantity must be well documented in your medical record

**Other related supplies you may need include:**

* Individual packets of lubricant as needed for each episode of catheterization

**Specialty catheters include:**

* Sterile intermittent catheter kits
* Closed system catheter
* Coude tip catheter
* Silicone catheter

**PLEASE NOTE: You will need a prescription and you will need to have seen that prescriber within the last year. Refer to information below for what needs to be included in prescription.**

**I use an indwelling catheter (Urethral or Suprapubic). What things do I need to know?**

**Limits on coverage eligibility include:**

* No more than one catheter per month is covered for routine catheter maintenance
* Non-routine catheter changes are covered when medically necessary, For example:
	+ Catheter is accidentally removed /pulled out
	+ Catheter malfunctions (e.g., balloon does not stay inflated, hole in catheter)
	+ Catheter is obstructed by encrustation, mucus plug, or blood clot
	+ I have a history of recurrent obstruction or urinary tract infection and it has been determined that scheduling catheter changes more often than once a month prevents the obstruction or infection from occurring.

**Other related supplies you may need include:**

* Catheter insertion kit
	+ One will be provided for each covered indwelling catheter change.
* Urinary collection bag
	+ Two leg or night bags will be covered each month
	+ Leg bags for bedridden patients are not covered
	+ Collection bags may be included in catheter insertion kit and will count toward covered total
* Intermittent irrigation kit and supplies
	+ Are covered when intermittent irrigation occurs on an as needed basis rather than on a routine or scheduled basis.
	+ A copy of the Order for irrigation may be requested when supplies are billed.
* Catheter anchoring device or leg strap
	+ If using an adhesive anchoring device, three will be covered each week
	+ If using a leg strap, one will be covered each month.

**Specialty catheters include:**

* Closed system catheter
* Coude tip catheter
* Double balloon catheter
* Silicone catheter

**PLEASE NOTE: You will need a prescription and you will need to have seen that prescriber within the last year. Refer to information below for what needs to be included in prescription.**

**What must be included in the prescription?**

* Patient name
* Date of birth (DOB)
* RX effective date
* HCPF (Healthcare Policy and Finance) code with description of product being prescribed
	+ These can be found in the link at the end of this document
* Diagnosis of Urinary retention
	+ Neurogenic bladder is *not* an acceptable diagnosis
	+ “Prevention” or “preventative” should not be included in prescription
* Quantity
* Printed prescriber name
* Prescriber signature
* Date of signature
* NPI number

**What documentation does my prescriber need to be provide?**

* Progress Note
	+ Requires face-to-face or virtual appointment
	+ Must be dated and signed prior to the prescription date
	+ Must include the following:
		- Diagnosis of Urinary retention that is permanent or expected to last a minimum of 3 months if using indwelling or intermittent catheters
		- Treatment Plan; for example:
			* Intermittent catheterization
			* Indwelling catheter
		- Frequency of Treatment Plan; for example:
			* Will require 6 single use catheters a day; or
			* Will require 1 indwelling catheter per month
		- “Prevention” or “preventative” should not be included in prescription or Progress Note

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**Frequently asked questions**

**Q. I am unable to pass a straight catheter. What options are available to address this issue?**

* Coude tip catheter
	+ Documentation must note that a straight catheter has been tried but could not be passed. For example: The anatomy is such that a straight catheter cannot safely pass and coude tip is required
	+ False passages can make it difficult to pass a catheter. Therefore, before using a coude tip catheter, ensure that there are no false passages. Consider asking your prescriber or urologist for further evaluation, which may include a cystoscopy.

**Q. I have recurring urinary tract infections. What options are available to address this issue?**

* In all cases, Medicare will not approve the following specialty catheters until you have been diagnosed with 2 separate urinary tract infections during a 12 month period while using a non-specialty catheter
* Types of catheters available to you in this case:
	+ Infection control indwelling catheters
	+ Double balloon indwelling catheters
	+ Closed system intermittent catheters
	+ Sterile intermittent catheter kits which will only be approved if you meet one of the following criteria:
		- * Your spinal cord injury is T3 or above
			* You reside in a nursing facility
			* You are immunosuppressed; for example (not all-inclusive)
				+ I am on a regimen of immunosuppressive drugs post-transplant
				+ I am on cancer chemotherapy
				+ I have AIDS
				+ I have a drug-induced state such as chronic oral corticosteroid use
			* You have radiologically documented vesico-ureteral reflux while on a program of intermittent catheterization,
			* You are a female with SCI with a neurogenic bladder and who is pregnant. Note: coverage is only provided during the pregnancy

**Q. I have an intolerance or allergy to standard catheter material. What options are available to address this issue?**

* Silicone or silicone coated catheter
	+ Documentation must note that you have a demonstrated intolerance to non-specialty catheters due to allergy for silicone catheter to be covered

**Q. I have severe bladder inflammation or pain related to my indwelling catheter. What options are available to address this issue?**

* Double balloon catheter

**Q. I have recurring encrustation of my catheter. What options are available to address this issue?**

* You may quality for more than one indwelling catheter change per month
* You may quality for intermittent irrigation

**Q. I have a need for continuous irrigation. What options are available to address this issue?**

* 3-way catheter
	+ Documentation must note that you require continuous irrigation for a 3-way catheter to be covered.

**Q. How can I ensure I receive the correct supplies without substitutions?**

* Be sure the prescription is specific. For example: 24fr lubricious catheter with 5cc balloon rather than 24fr catheter.
* Prescription may state “dispense as written/do not substitute” Be aware that if the item being ordered does not meet medical necessity guidelines, the supplier will not ship the items.  Also, if the item ordered falls outside of the reimbursement allowed by a private insurer, the supplier will likely not take the order. This should not be an issue with Medicare coverage

**Q. I have insurance other than Medicare? How does this change things?**

* In most cases, private insurance will require the same documentation that Medicare requires

**Taken from: Local Coverage Determination (LCD): Urological Supplies (L33803)**

[**https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33803&DocID=L33803**](https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33803&DocID=L33803)

**Authorship**

Resource Sheet on Urological Supply Coverage and Prescriptions Under Medicare Guidelines was developed by Julia Koeppe, RN, BSN and Christina Draganich, DO, as well as the CRT subcommittee of the ASCIP Advocacy Committee.

**Disclaimer**

This information is intended for rehabilitation professionals and may be shared with consumers with SCI/D. This resource sheet is not meant to replace the advice from a medical / rehabilitation professional. Medical / rehabilitation professionals are encouraged to discuss this material with consumers in the context of their overall medical rehabilitation care.