Local Coverage Determination (LCD): Urological Supplies (L33803)

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

## Contractor Information

<table>
<thead>
<tr>
<th>CONTRACTOR NAME</th>
<th>CONTRACT TYPE</th>
<th>CONTRACT NUMBER</th>
<th>JURISDICTION</th>
<th>STATE(S)</th>
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<tbody>
<tr>
<td>CGS Administrators, LLC</td>
<td>DME MAC</td>
<td>17013 - DME MAC</td>
<td>J-B</td>
<td>Illinois Indiana Kentucky Michigan Minnesota Ohio Wisconsin</td>
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<td>CGS Administrators, LLC</td>
<td>DME MAC</td>
<td>18003 - DME MAC</td>
<td>J-C</td>
<td>Alabama Arkansas Colorado Florida Georgia Louisiana Mississippi North Carolina New Mexico Oklahoma Puerto Rico South Carolina Tennessee Texas Virginia Virgin Islands West Virginia</td>
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<td>CONTRACTOR NAME</td>
<td>CONTRACT TYPE</td>
<td>CONTRACT NUMBER</td>
<td>JURISDICTION</td>
<td>STATE(S)</td>
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</table>

**LCD Information**

**Document Information**

- **LCD ID**
  - L33803

- **Original ICD-9 LCD ID**
  - L5080
  - L11566
  - L27219
  - L11581

- **Original Effective Date**
  - For services performed on or after 10/01/2015

- **Revision Effective Date**
  - For services performed on or after 01/01/2019

- **Revision Ending Date**
  - N/A

- **Retirement Date**
  - N/A

- **Proposed LCD in Comment Period**
  - N/A

- **Source Proposed LCD**
  - N/A
CMS National Coverage Policy

None

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare statutory and regulatory requirements.

The purpose of a Local Coverage Determination (LCD) is to provide information regarding “reasonable and necessary” criteria based on Social Security Act § 1862(a)(1)(A) provisions.
In addition to the "reasonable and necessary" criteria contained in this LCD there are other payment rules, which are discussed in the following documents, that must also be met prior to Medicare reimbursement:

- The LCD-related Standard Documentation Requirements Article, located at the bottom of this policy under the Related Local Coverage Documents section.
- The LCD-related Policy Article, located at the bottom of this policy under the Related Local Coverage Documents section.
- Refer to the Supplier Manual for additional information on documentation requirements.
- Refer to the DME MAC web sites for additional bulletin articles and other publications related to this LCD.

For the items addressed in this LCD, the "reasonable and necessary" criteria, based on Social Security Act § 1862(a)(1)(A) provisions, are defined by the following coverage indications, limitations and/or medical necessity.

The statutory coverage criteria for coverage of urological supplies are specified in the related Policy Article.

The medical necessity for use of a greater quantity of supplies than the amounts specified in the policy must be well documented in the beneficiary's medical record and must be available upon request.

**INDWELLING CATHETERS (A4311 - A4316, A4338 - A4346)**

No more than one catheter per month is covered for routine catheter maintenance. Non-routine catheter changes are covered when documentation substantiates medical necessity, such as for the following indications:

1. Catheter is accidentally removed (e.g., pulled out by beneficiary)
2. Malfunction of catheter (e.g., balloon does not stay inflated, hole in catheter)
3. Catheter is obstructed by encrustation, mucous plug, or blood clot
4. History of recurrent obstruction or urinary tract infection for which it has been established that an acute event is prevented by a scheduled change frequency of more than once per month

A specialty indwelling catheter (A4340) or an all silicone catheter (A4344, A4312, or A4315) is covered when the criteria for an indwelling catheter (above) are met and there is documentation in the beneficiary's medical record to justify the medical need for that catheter (such as recurrent encrustation, inability to pass a straight catheter, or sensitivity to latex(not all-inclusive)). In addition, the particular catheter must be necessary for the beneficiary. For example, use of a Coude (curved) tip indwelling catheter (A4340) in a female beneficiary is rarely reasonable and necessary. If documentation is requested and does not substantiate medical necessity payment for A4340, A4344, A4312, or A4315 will be denied as not reasonable and necessary.

A three way indwelling catheter either alone (A4346) or with other components (A4313 or A4316) will be covered only if continuous catheter irrigation is reasonable and necessary. (Refer to the section "Continuous Irrigation of Indwelling Catheters" for indications for continuous catheter irrigations.) In other situations, A4346, A4313 and A4316 will be denied as not reasonable and necessary.

**CATHETER INSERTION TRAY (A4310-A4316, A4353, and A4354)**

One insertion tray will be covered per episode of indwelling catheter insertion. More than one tray per episode will be denied as not reasonable and necessary.

One intermittent catheter with insertion supplies (A4353) will be covered per episode of reasonable and necessary sterile intermittent catheterization (see below).
URINARY DRAINAGE COLLECTION SYSTEM (A4314-A4316, A4354, A4357, A4358, A5102, and A5112)

Payment will be made for routine changes of the urinary drainage collection system as noted below. Additional charges will be allowed for reasonable and necessary non-routine changes when the documentation substantiates the medical necessity, (e.g., obstruction, sludging, clotting of blood, or chronic, recurrent urinary tract infection).

Usual Maximum Quantity of Supplies

<table>
<thead>
<tr>
<th>Code</th>
<th>Number per month</th>
</tr>
</thead>
<tbody>
<tr>
<td>A4314</td>
<td>1</td>
</tr>
<tr>
<td>A4315</td>
<td>1</td>
</tr>
<tr>
<td>A4316</td>
<td>1</td>
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<tr>
<td>A4317</td>
<td>1</td>
</tr>
<tr>
<td>A4354</td>
<td>1</td>
</tr>
<tr>
<td>A4357</td>
<td>2</td>
</tr>
<tr>
<td>A4358</td>
<td>2</td>
</tr>
<tr>
<td>A5112</td>
<td>1</td>
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</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Number per 3 month</th>
</tr>
</thead>
<tbody>
<tr>
<td>A5102</td>
<td>1</td>
</tr>
</tbody>
</table>

Leg bags are indicated for beneficiaries who are ambulatory or are chair or wheelchair bound. The use of leg bags for bedridden beneficiaries would be denied as not reasonable and necessary.

If there is a catheter change (A4314-A4316, A4354) and an additional drainage bag (A4357) change within a month, the combined utilization for A4314-A4316, A4354, and A4357 should be considered when determining if additional documentation should be submitted with the claim. For example, if 1 unit of A4314 and 1 unit of A4357 are provided, this should be considered as two drainage bags, which is the usual maximum quantity of drainage bags needed for routine changes.

Payment will be made for either a vinyl leg bag (A4358) or a latex leg bag (A5112). The use of both is not
reasonable and necessary.

The medical necessity for drainage bags containing absorbent material such as gel matrix or other material, which are intended to be disposed of on a daily basis has not been established. Claims for this type of bag will be denied as not reasonable and necessary.

**INTERMITTENT IRRIGATION OF INDWELLING CATHETERS**

Supplies for the intermittent irrigation of an indwelling catheter are covered when they are used on an as needed (non-routine) basis in the presence of acute obstruction of the catheter. Routine intermittent irrigations of a catheter will be denied as not reasonable and necessary. Routine irrigations are defined as those performed at predetermined intervals. In individual cases, a copy of the order for irrigation and documentation in the beneficiary's medical record of the presence of acute catheter obstruction may be requested when irrigation supplies are billed.

Covered supplies for reasonable and necessary non-routine irrigation of a catheter include either an irrigation tray (A4320) or an irrigation syringe (A4322), and sterile water/saline (A4217). When syringes, trays, sterile saline, or water are used for routine irrigation, they will be denied as not reasonable and necessary. Irrigation solutions containing antibiotics and chemotherapeutic agents (A9270) will be denied as non-covered. Irrigating solutions such as acetic acid or hydrogen peroxide, which are used for the treatment or prevention of urinary obstruction (A4321), will be denied as not reasonable and necessary.

**CONTINUOUS IRRIGATION OF INDWELLING CATHETERS**

Supplies for continuous irrigation of a catheter are covered if there is a history of obstruction of the catheter and the patency of the catheter cannot be maintained by intermittent irrigation in conjunction with reasonable and necessary catheter changes. Continuous irrigation as a primary preventative measure (i.e., no history of obstruction) will be denied as not reasonable and necessary. Documentation must substantiate the medical necessity of catheter irrigation and in particular continuous irrigation as opposed to intermittent irrigation. The records must also indicate the rate of solution administration and the duration of need. This documentation must be available upon request.

Covered supplies for reasonable and necessary continuous bladder irrigation include a 3-way Foley catheter (A4313, A4316, and A4346), irrigation tubing set (A4355), and sterile water/saline (A4217). More than one irrigation tubing set per day for continuous catheter irrigation will be denied as not reasonable and necessary.

Irrigation solutions containing antibiotics and chemotherapeutic agents (A9270) will be denied as non-covered. Payment for irrigating solutions such as acetic acid or hydrogen peroxide will be based on the allowance for sterile water/saline (A4217).

Continuous irrigation is a temporary measure. Continuous irrigation for more than 2 weeks is rarely reasonable and necessary. The beneficiary’s medical records should indicate this medical necessity and these medical records must be available upon request.

**INTERMITTENT CATHETERIZATION**

Intermittent catheterization is covered when basic coverage criteria are met and the beneficiary or caregiver can perform the procedure.

For each episode of covered catheterization, Medicare will cover:
A. One catheter (A4351, A4352) and an individual packet of lubricant (A4332); or
B. One sterile intermittent catheter kit (A4353) if additional coverage criteria (see below) are met.

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)

<table>
<thead>
<tr>
<th>Usual Maximum Quantity of Supplies</th>
<th>Code</th>
<th>Number per Month</th>
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</thead>
<tbody>
<tr>
<td>A4332</td>
<td>200</td>
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</tr>
<tr>
<td>A4351</td>
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<tr>
<td>A4352</td>
<td>200</td>
<td></td>
</tr>
<tr>
<td>A4353</td>
<td>200</td>
<td></td>
</tr>
</tbody>
</table>
Refer to Coding Guidelines section of the related Policy Article for contents of the kit (A4353). A4353 should not be used for billing if the components are packaged separately rather than together as a kit. Separately provided components do not provide the equivalent degree of sterility achieved with an A4353. If separate components are provided instead of a kit (A4353) they will be denied as not reasonable and necessary.

Use of a Coude (curved) tip catheter (A4352) in female beneficiaries is rarely reasonable and necessary. When a Coude tip catheter is used (either male or female beneficiaries), there must be documentation in the beneficiary's medical record of the medical necessity for that catheter. An example would be the inability to catheterize with a straight tip catheter. This documentation must be available upon request. If documentation is requested and does not substantiate medical necessity, claims will be denied as not reasonable and necessary.

**EXTERNAL CATHETERS/URINARY COLLECTION DEVICES**

Male external catheters (condom-type) or female external urinary collection devices are covered for beneficiaries who have permanent urinary incontinence when used as an alternative to an indwelling catheter.

The utilization of male external catheters (A4349) generally should not exceed 35 per month. Greater utilization of these devices must be accompanied by documentation of medical necessity.

Male external catheters (condom-type) or female external urinary collection devices will be denied as not reasonable and necessary when ordered for beneficiaries who also use an indwelling catheter.

Specialty type male external catheters (A4326) such as those that inflate or that include a faceplate or extended wear catheter systems are covered only when documentation substantiates the medical necessity for such a catheter. If documentation does not justify the medical need claims will be denied as not reasonable and necessary.

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 as not reasonable and necessary.

**MISCELLANEOUS SUPPLIES**

Appliance cleaner (A5131) is covered when used to clean the inside of certain urinary collecting appliances (A5102, A5105, A5112). More than one unit of service (16 oz.) per month is rarely reasonable and necessary.

One external urethral clamp or compression device (A4356) is covered every 3 months or sooner if the rubber/foam casing deteriorates.

Tape (A4450, A4452) which is used to secure an indwelling catheter to the beneficiary's body is covered. More than 10 units (1 unit = 18 sq. in.; 10 units = 180 sq. in. = 5 yds. of 1 inch tape) per month will be denied as not reasonable and necessary.

Adhesive catheter anchoring devices (A4333) and catheter leg straps (A4334) for indwelling urethral catheters are covered. More than 3 per week of A4333 or 1 per month of A4334 will be denied as not reasonable and necessary. A catheter/tube anchoring device (A5200) is covered and separately payable when it is used to anchor a covered suprapubic tube or nephrostomy tube. If code A5200 is used to anchor an indwelling urethral catheter, the claim will be denied as not reasonable and necessary.

Claims for initial issue or replacement of any of the components (catheter, battery, wand) of the inFlow™
Intraurethral Valve-Pump (A4335) shall be denied as not reasonable and necessary.

Urethral inserts (A4336) are covered for adult females with stress incontinence (refer to the “ICD-10 Codes that are Covered” section in the LCD-related Policy Article for applicable diagnoses) when basic coverage criteria are met and the beneficiary or caregiver can perform the procedure. They are not indicated for women:

- With bladder or other urinary tract infections (UTI)
- With a history of urethral stricture, bladder augmentation, pelvic radiation or other conditions where urethral catheterization is not clinically advisable
- Who are immunocompromised, at significant risk from UTI, interstitial cystitis, or pyelonephritis, or who have severely compromised urinary mucosa
- Unable to tolerate antibiotic therapy
- On anticoagulants
- With overflow incontinence or neurogenic bladder

GENERAL

A Detailed Written Order (DWO) (if applicable) must be received by the supplier before a claim is submitted. If the supplier bills for an item addressed in this policy without first receiving a completed DWO, the claim shall be denied as not reasonable and necessary.

An item/service is correctly coded when it meets all the coding guidelines listed in CMS HCPCS guidelines, LCDs, LCD-related Policy Articles, or DME MAC articles. Claims that do not meet coding guidelines shall be denied as not reasonable and necessary/incorrectly coded.

Proof of delivery (POD) is a Supplier Standard and DMEPOS suppliers are required to maintain POD documentation in their files. Proof of delivery documentation must be made available to the Medicare contractor upon request. All services that do not have appropriate proof of delivery from the supplier shall be denied as not reasonable and necessary.

REFILL REQUIREMENTS

For DMEPOS items and supplies provided on a recurring basis, billing must be based on prospective, not retrospective use. For DMEPOS products that are supplied as refills to the original order, suppliers must contact the beneficiary prior to dispensing the refill and not automatically ship on a pre-determined basis, even if authorized by the beneficiary. This shall be done to ensure that the refilled item remains reasonable and necessary, existing supplies are approaching exhaustion, and to confirm any changes or modifications to the order. Contact with the beneficiary or designee regarding refills must take place no sooner than 14 calendar days prior to the delivery/shipping date. For delivery of refills, the supplier must deliver the DMEPOS product no sooner than 10 calendar days prior to the end of usage for the current product. This is regardless of which delivery method is utilized.

For all DMEPOS items that are provided on a recurring basis, suppliers are required to have contact with the beneficiary or caregiver/designee prior to dispensing a new supply of items. Suppliers must not deliver refills without a refill request from a beneficiary. Items delivered without a valid, documented refill request will be denied as not reasonable and necessary.

Suppliers must not dispense a quantity of supplies exceeding a beneficiary's expected utilization. Suppliers must stay
attuned to changed or atypical utilization patterns on the part of their clients. Suppliers must verify with the ordering physicians that any changed or atypical utilization is warranted.

Regardless of utilization, a supplier must not dispense more than a three (3) - month quantity at a time.

**Summary of Evidence**

NA

**Analysis of Evidence**
*(Rationale for Determination)*

NA

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**Coding Information**

**Bill Type Codes:**

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

N/A

**Revenue Codes:**

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

**CPT/HCPCS Codes**

**Group 1 Paragraph:**

The appearance of a code in this section does not necessarily indicate coverage.
**HCPCS MODIFIERS:**

AU – Item furnished in conjunction with a urological, ostomy, or tracheostomy supply

EY - No physician or other licensed health care provider order for this item or service

GA – Waiver of liability statement issued as required by payer policy, individual case

GY - Item or service statutorily excluded or does not meet the definition of any Medicare benefit

GZ – Item or service expected to be denied as not reasonable and necessary

KX - Requirements specified in the medical policy have been met

**HCPCS CODES**

**Group 1 Codes:**

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<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>A4217</td>
<td>STERILE WATER/SALINE, 500 ML</td>
</tr>
<tr>
<td>A4310</td>
<td>INSERTION TRAY WITHOUT DRAINAGE BAG AND WITHOUT CATHETER (ACCESSORIES ONLY)</td>
</tr>
<tr>
<td>A4311</td>
<td>INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC, ETC.)</td>
</tr>
<tr>
<td>A4312</td>
<td>INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE</td>
</tr>
<tr>
<td>A4313</td>
<td>INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION</td>
</tr>
<tr>
<td>A4314</td>
<td>INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC, ETC.)</td>
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<tr>
<td>A4315</td>
<td>INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE</td>
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<tr>
<td>A4316</td>
<td>INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION</td>
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<tr>
<td>A4320</td>
<td>IRRIGATION TRAY WITH BULB OR PISTON SYRINGE, ANY PURPOSE</td>
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<tr>
<td>A4321</td>
<td>THERAPEUTIC AGENT FOR URINARY CATHETER IRRIGATION</td>
</tr>
<tr>
<td>A4322</td>
<td>IRRIGATION SYRINGE, BULB OR PISTON, EACH</td>
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<tr>
<td>A4326</td>
<td>MALE EXTERNAL CATHETER WITH INTEGRAL COLLECTION CHAMBER, ANY TYPE, EACH</td>
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<td>DESCRIPTION</td>
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<tr>
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<td>-----------------------------------------------------------------------------</td>
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<tr>
<td>A4327</td>
<td>FEMALE EXTERNAL URINARY COLLECTION DEVICE; MEATAL CUP, EACH</td>
</tr>
<tr>
<td>A4328</td>
<td>FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH, EACH</td>
</tr>
<tr>
<td>A4331</td>
<td>EXTENSION DRAINAGE TUBING, ANY TYPE, ANY LENGTH, WITH CONNECTOR/ADAPTOR,</td>
</tr>
<tr>
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<td>FOR USE WITH URINARY LEG BAG OR UROSTOMY POUCH, EACH</td>
</tr>
<tr>
<td>A4332</td>
<td>LUBRICANT, INDIVIDUAL STERILE PACKET, EACH</td>
</tr>
<tr>
<td>A4333</td>
<td>URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT, EACH</td>
</tr>
<tr>
<td>A4334</td>
<td>URINARY CATHETER ANCHORING DEVICE, LEG STRAP, EACH</td>
</tr>
<tr>
<td>A4335</td>
<td>INCONTINENCE SUPPLY; MISCELLANEOUS</td>
</tr>
<tr>
<td>A4336</td>
<td>INCONTINENCE SUPPLY, URETHRAL INSERT, ANY TYPE, EACH</td>
</tr>
<tr>
<td>A4338</td>
<td>INDWELLING CATHETER; FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON,</td>
</tr>
<tr>
<td></td>
<td>SILICONE, SILICONE ELASTOMER, OR HYDROPHILIC, ETC.), EACH</td>
</tr>
<tr>
<td>A4340</td>
<td>INDWELLING CATHETER; SPECIALTY TYPE, (E.G., COUDE, MUSHROOM, WING, ETC.),</td>
</tr>
<tr>
<td></td>
<td>EACH</td>
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<tr>
<td>A4344</td>
<td>INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE, EACH</td>
</tr>
<tr>
<td>A4346</td>
<td>INDWELLING CATHETER; FOLEY TYPE, THREE WAY FOR CONTINUOUS IRRIGATION,</td>
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<tr>
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<td>EACH</td>
</tr>
<tr>
<td>A4349</td>
<td>MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE, EACH</td>
</tr>
<tr>
<td>A4351</td>
<td>INTERMITTENT URINARY CATHETER; STRAIGHT TIP, WITH OR WITHOUT COATING</td>
</tr>
<tr>
<td></td>
<td>(TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHILIC, ETC.), EACH</td>
</tr>
<tr>
<td>A4352</td>
<td>INTERMITTENT URINARY CATHETER; COUDE (CURVED) TIP, WITH OR WITHOUT</td>
</tr>
<tr>
<td></td>
<td>COATING (TEFLON, SILICONE, SILICONE ELASTOMERIC, OR HYDROPHILIC, ETC.),</td>
</tr>
<tr>
<td></td>
<td>EACH</td>
</tr>
<tr>
<td>A4353</td>
<td>INTERMITTENT URINARY CATHETER, WITH INSERTION SUPPLIES</td>
</tr>
<tr>
<td>A4354</td>
<td>INSERTION TRAY WITH DRAINAGE BAG BUT WITHOUT CATHETER</td>
</tr>
<tr>
<td>A4355</td>
<td>IRRIGATION TUBING SET FOR CONTINUOUS BLADDER IRRIGATION THROUGH A</td>
</tr>
<tr>
<td></td>
<td>THREE-WAY INDWELLING FOLEY CATHETER, EACH</td>
</tr>
<tr>
<td>A4356</td>
<td>EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE (NOT TO BE USED FOR</td>
</tr>
<tr>
<td></td>
<td>CATHETER CLAMP), EACH</td>
</tr>
<tr>
<td>A4357</td>
<td>BEDSIDE DRAINAGE BAG, DAY OR NIGHT, WITH OR WITHOUT ANTI-REFLUX DEVICE,</td>
</tr>
<tr>
<td></td>
<td>WITH OR WITHOUT TUBE, EACH</td>
</tr>
<tr>
<td>A4358</td>
<td>URINARY DRAINAGE BAG, LEG OR ABDOMEN, VINYL, WITH OR WITHOUT TUBE, WITH</td>
</tr>
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<td></td>
<td>STRAPS, EACH</td>
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<tr>
<td>A4360</td>
<td>DISPOSABLE EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE, WITH PAD AND/OR</td>
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<td></td>
<td>POUCH, EACH</td>
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<tr>
<td>CODE</td>
<td>DESCRIPTION</td>
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<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>A4402</td>
<td>LUBRICANT, PER OUNCE</td>
</tr>
<tr>
<td>A4450</td>
<td>TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES</td>
</tr>
<tr>
<td>A4452</td>
<td>TAPE, WATERPROOF, PER 18 SQUARE INCHES</td>
</tr>
<tr>
<td>A4455</td>
<td>ADHESIVE REMOVER OR SOLVENT (FOR TAPE, CEMENT OR OTHER ADHESIVE), PER OUNCE</td>
</tr>
<tr>
<td>A4456</td>
<td>ADHESIVE REMOVER, WIPES, ANY TYPE, EACH</td>
</tr>
<tr>
<td>A4520</td>
<td>INCONTINENCE GARMENT, ANY TYPE, (E.G., BRIEF, DIAPER), EACH</td>
</tr>
<tr>
<td>A4553</td>
<td>NON-DISPOSABLE UNDERPADS, ALL SIZES</td>
</tr>
<tr>
<td>A4554</td>
<td>DISPOSABLE UNDERPADS, ALL SIZES</td>
</tr>
<tr>
<td>A5102</td>
<td>BEDSIDE DRAINAGE BOTTLE WITH OR WITHOUT TUBING, RIGID OR EXPANDABLE, EACH</td>
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<tr>
<td>A5105</td>
<td>URINARY SUSPENSORRY WITH LEG BAG, WITH OR WITHOUT TUBE, EACH</td>
</tr>
<tr>
<td>A5112</td>
<td>URINARY DRAINAGE BAG, LEG OR ABDOMEN, LATEX, WITH OR WITHOUT TUBE, WITH STRAPS, EACH</td>
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<tr>
<td>A5113</td>
<td>LEG STRAP; LATEX, REPLACEMENT ONLY, PER SET</td>
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<td>A5114</td>
<td>LEG STRAP; FOAM OR FABRIC, REPLACEMENT ONLY, PER SET</td>
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<td>A5131</td>
<td>APPLIANCE CLEANER, INCONTINENCE AND OSTOMY APPLIANCES, PER 16 OZ.</td>
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<td>A5200</td>
<td>PERCUTANEOUS CATHETER/TUBE ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT</td>
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<td>A9270</td>
<td>NON-COVERED ITEM OR SERVICE</td>
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**ICD-10 Codes that Support Medical Necessity**

N/A

**ICD-10 Codes that DO NOT Support Medical Necessity**

N/A

**Additional ICD-10 Information**

N/A

**General Information**

**Associated Information**
DOCUMENTATION REQUIREMENTS

Section 1833(e) of the Social Security Act precludes payment to any provider of services unless "there has been furnished such information as may be necessary in order to determine the amounts due such provider." It is expected that the beneficiary's medical records will reflect the need for the care provided. The beneficiary's medical records include the physician's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports. This documentation must be available upon request.

GENERAL DOCUMENTATION REQUIREMENTS

In order to justify payment for DMEPOS items, suppliers must meet the following requirements:

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

Refer to the LCD-related Standard Documentation Requirements article, located at the bottom of this policy under the Related Local Coverage Documents section for additional information regarding these requirements.

Refer to the Supplier Manual for additional information on documentation requirements.

Refer to the DME MAC web sites for additional bulletin articles and other publications related to this LCD.

POLICY SPECIFIC DOCUMENTATION REQUIREMENTS

Items covered in this LCD have additional policy-specific requirements that must be met prior to Medicare reimbursement.

Refer to the LCD-related Policy article, located at the bottom of this policy under the Related Local Coverage Documents section for additional information.

MISCELLANEOUS

APPENDICES

UTILIZATION GUIDELINES

Refer to Coverage Indications, Limitations, and/or Medical Necessity

Sources of Information

Reserved for future use

Bibliography

NA

Revision History Information
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**COVERAGE INDICATIONS, LIMITATIONS, AND/OR MEDICAL NECESSITY:**  
Removed: Statement to refer to diagnosis code section below  
Added: Refer to Covered ICD-10 Codes in the LCD-related Policy Article  
**ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:**  
Moved: All diagnosis codes to the LCD-related Policy Article diagnosis code section per CMS instruction  
**ICD-10 CODES THAT DO NOT SUPPORT MEDICAL NECESSITY:**  
Moved: Statement about noncovered diagnosis codes moved to LCD-related Policy Article noncovered diagnosis code section per CMS instruction | • Other (ICD-10 code relocation per CMS instruction) |
| 01/01/2017            | R4                      | **Revision History Effective Date: 01/01/2017**  
**COVERAGE INDICATIONS, INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY:**  
Removed: Standard Documentation Language  
Added: New reference language and directions to Standard Documentation Requirements  
Added: General Requirements  
Revised: Refill Requirements  
**HCPCS Code:**  
Added: A4553  
**DOCUMENTATION REQUIREMENTS:**  
Removed: Standard Documentation Language  
Added: General Documentation Requirements  
Added: New reference language and directions to Standard Documentation Requirements  
**POLICY SPECIFIC DOCUMENTATION REQUIREMENTS:**  
Removed: Standard Documentation Language  
Added: Direction to Standard Documentation Requirements  
**RELATED LOCAL COVERAGE DOCUMENTS:**  
Added: LCD-related Standard Documentation Requirements article | • Provider Education/Guidance  
• Revisions Due To CPT/HCPCS Code Changes |
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<td>R3</td>
<td>Effective July 1, 2016 oversight for DME MAC LCDs is the responsibility of CGS Administrators, LLC 18003 and 17013 and Noridian Healthcare Solutions, LLC 19003 and 16013. No other changes have been made to the LCDs.</td>
<td>• Change in Assigned States or Affiliated Contract Numbers</td>
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<td>Revision Effective Date: 01/01/2016 COVERAGE INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY: Added: Non-reimbursement language for the inFlow TM Intraurethral Valve-Pump system (A4335) DOCUMENTATION REQUIREMENTS: Revised: Standard Documentation Language to remove start date verbiage from Prescription Requirements (Effective 11/05/2015)</td>
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<td>R1</td>
<td>Revision Effective Date: 08/01/2015 COVERAGE INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY: Revised: Standard Documentation Language to add covered prior to a beneficiary’s Medicare eligibility DOCUMENTATION REQUIREMENTS: Revised: Standard Documentation Language to add who can enter date of delivery date on the POD (Note: Standard Documentation Language updates noted above are effective for DOS on or after 10/31/2014) Added: Language for HCPCS codes A4217, A4450, A4432 when submitted without correct modifier</td>
<td>• Provider Education/Guidance</td>
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**Associated Documents**

**Attachments**
N/A

**Related Local Coverage Documents**
Article(s)
A55426 - Standard Documentation Requirements for All Claims Submitted to DME MACs
A52521 - Urological Supplies - Policy Article

**Related National Coverage Documents**
N/A

**Public Version(s)**
Updated on 02/15/2019 with effective dates 01/01/2019 - N/A
Updated on 03/10/2017 with effective dates 01/01/2017 - 12/31/2018
Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.

Keywords

N/A
END OF LOCAL COVERAGE DETERMINATION
Per the Code of Federal Regulations, 42 C.F.R § 426.325, only those portions of the currently effective Local Coverage Determination (LCD) that are based on section 1862(a)(1)(A) of the Social Security Act, may be challenged through an acceptable complaint as described in 42 C.F.R § 426.400. Also, per 42 C.F.R § 426.325 items that are not reviewable, and therefore cannot be challenged, include the Policy Article. Please note the distinction of the documents when reviewing the materials.
### Contractor Information

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American Samoa  
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California - Entire State  
Guam  
Hawaii  
Iowa  
Idaho  
Kansas  
Missouri - Entire State  
Montana  
North Dakota  
Nebraska  
Nevada  
Oregon  
South Dakota  
Utah  
Washington  
Wyoming  
Northern Mariana Islands |

**Article Information**

**General Information**

**Article ID**
A52521

**Original Article Effective Date**
10/01/2015

**Original ICD-9 Article ID**

A25230  
A25620  
A47236  
A25377

**Revision Effective Date**
01/01/2019

**Revision Ending Date**
N/A

**Article Title**
Urological Supplies - Policy Article

**Retirement Date**
N/A

**AMA CPT / ADA CDT / AHA NUBC Copyright Statement**
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Article Guidance

Article Text:

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES

For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare statutory and regulatory requirements. Information provided in this policy article relates to determinations other than those based on Social Security Act §1862(a)(1)(A) provisions (i.e. "reasonable and necessary").

Urological supplies are covered under the Prosthetic Device benefit (Social Security Act § 1861(s)(8)). In order for a beneficiary’s equipment to be eligible for reimbursement the reasonable and necessary (R&N) requirements set out in the related Local Coverage Determination must be met. In addition, there are specific statutory payment policy requirements, discussed below, that also must be met.

GENERAL

Urinary catheters and external urinary collection devices 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.

If the catheter or the external urinary collection device meets the coverage criteria then the related supplies that are necessary for their effective use are also covered. Urological supplies that are used for purposes not related to the covered use of catheters or external urinary collection devices (i.e., drainage and/or collection of urine from the bladder) will be denied as non-covered.

The beneficiary must have a permanent impairment of urination. This does not require a determination that there is no possibility that the beneficiary's condition may improve sometime in the future. If the medical record, including the judgment of the attending physician, indicates the condition is of long and indefinite duration (ordinarily at least 3 months), the test of permanence is considered met. Catheters and related supplies will be denied as non-covered in situations in which it is expected that the condition will be temporary.

The use of a urological supply for the treatment of chronic urinary tract infection or other bladder condition in the absence of permanent urinary incontinence or retention is non-covered. Since the beneficiary's urinary system is functioning, the criteria for coverage under the prosthetic benefit provision are not met.

When urological supplies are furnished in a physician's office, they may be billed only if the beneficiary's condition meets the definition of permanence. (In this situation, the catheters and related supplies are covered under the prosthetic device benefit.) If the beneficiary's condition is expected to be temporary, urological supplies may not be billed. (In this situation, they are considered as supplies provided incident to a physician's service and payment is included in the allowance for the physician services, which are processed by the local carrier.) When billing for urological supplies furnished in a physician's office for a permanent impairment, use the place of service code corresponding to the beneficiary's current place of residence; do not use POS 11, office.

POLICY SPECIFIC DOCUMENTATION REQUIREMENTS

In addition to policy specific documentation requirements, there are general documentation requirements that are applicable to all DMEPOS policies. These general requirements are located in the DOCUMENTATION REQUIREMENTS section of the LCD.

Refer to the LCD-related Standard Documentation Requirements article, located at the bottom of this Policy Article under the Related Local Coverage Documents section for additional information regarding GENERAL DOCUMENTATION REQUIREMENTS and the POLICY SPECIFIC DOCUMENTATION REQUIREMENTS discussed below.

MODIFIERS

AU MODIFIER:

When codes A4217, A4450, and A4452 are used with Urological Supplies, they must be billed with the AU modifier. For this policy, codes A4217, A4450, and A4452 are the only three codes for which the AU modifier may be used. Claim lines for codes A4217, A4450 and A4452 billed for urological supplies without an AU modifier will be rejected as missing information.

KX, GA, GY and GZ MODIFIERS:

Suppliers must add a KX modifier to a code for a catheter, an external urinary collection device, or a supply used with one of these items only if both 1 and 2 are met.
1. The statutory benefit criteria described in the NONMEDICAL NECESSITY COVERAGE AND PAYMENT RULES section above are met, and
2. The applicable reasonable and necessary (R&N) criteria described in the COVERAGE INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY section of the related LCD are met.

If all of the criteria in the NONMEDICAL NECESSITY COVERAGE AND PAYMENT RULES section above are not met, a GY modifier must be added to the code.

If all of the applicable R&N criteria in the COVERAGE INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY section in the related LCD have not been met, a GA or GZ modifier must be added to the code. When there is an expectation of a medical necessity (R&N) denial, suppliers must enter the GA modifier on the claim line if they have obtained a properly executed Advance Beneficiary Notice (ABN) or the GZ modifier if they have not obtained a valid ABN.

Claims lines billed without a KX, GA, GY or GZ modifier will be rejected as missing information.

MISCELLANEOUS

Adhesive strips or tape used with male external catheters are included in the allowance for the code and are not separately payable.

Catheter insertion trays (A4310-A4316, A4353, and A4354) that contain component parts of the urinary collection system, (e.g., drainage bags and tubing) are inclusive sets and payment for additional component parts will be allowed only per the stated criteria in each section of the policy.

Irrigation supplies that are used for care of the skin or perineum of incontinent beneficiaries are non-covered.

Claims for sterile water/saline (A4217) and tape (A4450 or A4452) that are billed without an AU modifier or another modifier indicating coverage under a different policy will be rejected as missing information.

Extension tubing (A4331) will be covered for use with a latex urinary leg bag (A5112). It is included in the allowance for codes A4314, A4315, A4316, A4354, A4357, A4358, and A5105 and should not be separately billed with these codes.

Other supplies used in the management of incontinence, including but not limited to the following items, will be denied as non-covered because they are not prosthetic devices nor are they required for the effective use of a prosthetic device:

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

**CODING GUIDELINES**

The general term "external urinary collection devices" used in this policy includes male external catheters and female pouches or meatal cups. This term does not include diapers or other types of absorptive pads.

A meatal cup female external urinary collection device (A4327) is a plastic cup, which is held in place around the female urethra by suction or pressure and is connected to a urinary drainage container such as a bag or bottle.

A pouch type female external collection device (A4328) is a plastic pouch which is attached to the periurethral area with adhesive and which can be connected to a urinary drainage container such as a bag or bottle.

A urinary catheter-anchoring device described by code A4333 has an adhesive surface, which attaches to the beneficiary's skin and a mechanism for releasing and re-anchoring the catheter multiple times without changing the anchoring device.

A urinary catheter-anchoring device described by code A4334 is a strap, which goes around a beneficiary's leg and has a mechanism for releasing and re-anchoring the catheter multiple times without changing the anchoring device.

An intermittent urinary catheter with insertion supplies (A4353) is a kit, which includes a catheter and all supplies necessary for a single, sterile insertion (see below). Code A4353 may be used if any of the following 1, 2 or 3 is supplied:

1. A single sterile package containing both an intermittent urinary catheter and all necessary insertion/collection supplies; or
2. A sterile intermittent urinary catheter plus a separately-packaged sterile kit containing all necessary insertion/collection supplies; or
3. A sterile "no-touch" type of catheter system.

The insertion kit (A4353) described in #1 and #2 above contains an intermittent urinary catheter (packaged separately from the other components in #2), lubricant, gloves, antiseptic solution, applicators, a drape, and a collection tray/bag in a sterile package intended for single use. The collection tray/bag is a separate item included within the kit; therefore, materials that serve as non-sterile packaging to contain all of the items in the kit do not meet this requirement. Except as noted in #2 above, code A4353 must not be billed if individual insertion kit components are provided as separate items. When providing a sterile kit, all components are included and packaged as a kit. Separate billing of individual components is considered as unbundling.

The product described in #3 is a single-catheter system that is functionally equivalent to a complete sterile insertion kit (A4353) containing a catheter and the additional components as described in the previous paragraph. In order to be coded as A4353, a "no-touch" type of catheter system must be a sterile, all-inclusive, self-contained system capable of accomplishing intermittent catheterization with sterile technique without the use of additional supplies.
such as gloves, lubricant, collection chamber, etc. Additional individual components must not be separately billed. Separate billing of additional supply items is considered as unbundling.

Therapeutic agent for urinary irrigation (A4321) is defined as a solution containing agents in addition to saline or sterile water (for example acetic acid or hydrogen peroxide) which is used for the treatment or prevention of urinary catheter obstruction.

Code A5105 should be used when billing for a urinary suspensory with leg bag.

A4326 is a male external catheter with an integrated collection chamber that does not require the use of an additional leg bag.

Irrigation solutions containing antibiotics and chemotherapeutic agents should be coded A9270. Irrigating solutions, such as acetic acid or hydrogen peroxide, which is used for the treatment or prevention of urinary obstruction, should be coded A4321.

Adhesive strips or tape used with code A4349 (MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE, EACH) should not be billed separately.

Adhesive catheter anchoring devices that are used with indwelling urethral catheters are billed using codes A4333 and A4334, respectively. An anchoring device used with a percutaneous catheter/tube (e.g., suprapubic tube, nephrostomy tube) is billed using code A5200.

Replacement leg straps (A5113, A5114) are used with a urinary leg bag (A4358, A5105, or A5112). These codes are not used for a leg strap for an indwelling catheter.

When codes A4217, A4450, and A4452 are used with Urological Supplies, they must be billed with the AU modifier. For this policy, codes A4217, A4450, and A4452 are the only three codes for which the AU modifier may be used.

An external catheter that contains a barrier for attachment should be coded using A4335.

Codes for ostomy barriers (A4369-A4371) should not be used for skin care products used in the management of urinary incontinence.

A percutaneous catheter/tube anchoring device (A5200) is a dressing with adhesive that is designed to be applied directly over the cutaneous opening through which the catheter/tube passes. This dressing has a hole through which the catheter/tube passes and a mechanism for firmly anchoring the catheter/tube to the dressing.

The inFlow™ Intraurethral Valve-Pump (Vesiflo, Inc.) must be billed using HCPCS code A4335 (INCONTINENCE SUPPLY; MISCELLANEOUS). Code A4335 is billed as 1 unit of service (UOS) at initial issue, and is all inclusive (catheter, battery, wand). Code A4335 must also be used on claims for replacement of any of the components of the inFlow™ Intraurethral Valve-Pump (catheter, battery, or wand).

Payment for items listed in Column II are included in the payment for the Column I code. In the following table, when providing the items listed in Column II, the Column I code must be used instead of billing separate Column II codes when the items are provided at the same time.
If a code exists that includes multiple products, that code should be used in lieu of the individual codes.

Suppliers should contact the Pricing, Data Analysis and Coding (PDAC) Contractor for guidance on the correct coding of these items.

**Coding Information**

**Bill Type Codes:**

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally
Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

CPT/HCPCS Codes

N/A

ICD-10 Codes that are Covered

Group 1 Paragraph:

The presence of an ICD-10 code listed in this section is not sufficient by itself to assure coverage. Refer to the section on “Coverage Indications, Limitations, and/or Medical Necessity” for other coverage criteria and payment information.

For HCPCS Code A4336:

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ICD-10 Codes that are Not Covered

N/A

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ICD-10 CODES THAT ARE COVERED:  
Added: All diagnosis codes formerly listed in the LCD  
ICD-10 CODES THAT ARE NOT COVERED:  
Added: Notation excluding all unlisted diagnosis codes from coverage  

*02/21/2019: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.* |
| 01/01/2017            | R5                      | **Revision Effective Date: 01/01/2017**  
RELATED LOCAL COVERAGE DOCUMENTS:  
Added: LCD-related Standard Documentation Requirements article |
| 01/01/2017            | R4                      | **Revision Effective Date: 01/01/2017**  
POLICY SPECIFIC DOCUMENTATION REQUIREMENTS:  
Added: Modifiers section  
Added: A4553 to non-covered list |
| 07/01/2016            | R3                      | Effective July 1, 2016 oversight for DME MAC Articles is the responsibility of CGS Administrators, LLC 18003 and 17013 and Noridian Healthcare Solutions, LLC 19003 and 16013. No other changes have been made to the Articles. |
| 01/01/2016            | R2                      | **Revision Effective Date: 01/01/2016**  
CODING GUIDELINES:  
Added: Coding guidelines for the inFlow™ Intraurethral Valve-Pump (A4335) |
| 10/01/2015            | R1                      | **Revision Effective Date: 08/01/2015**  
NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:  
Removed: KX modifier reference from this section  
Revised: Language for HCPCS codes A4217, A4450, A4452 when submitted without correct modifier |

**Associated Documents**

**Related Local Coverage Document(s)**

Article(s)
A55426 - Standard Documentation Requirements for All Claims Submitted to DME MACs

LCD(s)
L33803 - Urological Supplies

**Related National Coverage Document(s)**

N/A

**Statutory Requirements URL(s)**

N/A