

Wellness Education

Medicare Reimbursement Guidelines for Catheters

Medicare is a federal insurance program that covers individuals 65 years of age or over and younger people (under age 65) with certain disabilities. This sheet provides some general information regarding coverage for intermittent catheters and those on a self-cathing regimen.

These guidelines do not apply to those with a permanent (indwelling) catheter.

If you have another type of insurance coverage other than Medicare, check with your insurance company for their specific policies regarding intermittent catheter coverage.

Are my catheters covered by Medicare?

Intermittent catheters may be covered if:

- You have been diagnosed with permanent urinary incontinence or urinary retention
- You have Medicare Part B, and
- Your doctor has prescribed intermittent urinary catheters as medically necessary for your use at home.

If you belong to a Medicare Advantage Plan (sometimes called “Part C” of “MA Plans”), please check with the insurance carrier or your individual policy regarding coverage (covered services) or possible out of pocket expenses before getting a service or supply. Covered services, rules for prior approval, and participating doctors/suppliers may vary depending on the type of Medicare Advantage Plan.

How many catheters are covered by Medicare?

Your physician can prescribe a new catheter for each time you need to perform intermittent self-catheterization (up to 200 catheters per month). Medicare offers coverage for one of the following types:

- One straight tip catheter (A4351) and an individual packet of lubricant (A4332)

- One coude tip catheter (A4352) and an individual packet of lubricant (A4332)
- One catheter kit (A4353) (includes catheter and insertion supplies OR a “no-touch” system) provided the individual meets one of the following criteria:
 - Has had at least two medically-documented urinary tract infections while cathing in the last 12 months
 - Resides in a nursing facility
 - Has a suppressed immune system (e.g. undergoing chemotherapy, or has MS)
 - Has documented vesico-ureteral reflux
 - Is a spinal-cord-injured woman who has neurogenic bladder and is pregnant

Not everyone needs the same number of intermittent catheters and most people need fewer than 200 per month. For intermittent catheters to be covered by Medicare, they require that you have a written prescription and documented reason for your intermittent self-catheterization regimen. This needs to be signed and dated by your physician and in your medical file, as well as on file with your medical product supplier. The prescription will state how many times per day you are required to catheterize yourself and which type of intermittent catheter you need. This will be the number of catheters that Medicare covers for you per month.

HCPCS refers to Healthcare Common Procedure Coding System. These billing codes are used by doctors and other health care providers when they bill insurers for medical supplies. The following codes are used when intermittent catheters are ordered and billed for you. (See chart on following page)

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HCPCS	Descriptions	Usual Maximum
A4351	Intermittent Urinary Catheter, straight tip, with or without coating	200 / month
A4352	Intermittent Urinary Catheter, coudé (curved) tip, with or without coating	200 / month
A4353	Intermittent Urinary Catheter, with insertion supplies	200 / month
A4332	Lubricant, individual sterile packet.	200 / month

HCPCS refers to Healthcare Common Procedure Coding System. These Medicare code numbers are used by doctors and other health care providers when they describe and bill for medical supplies.

Change in Catheter Quantity Increased

For many years Medicare covered a maximum of four intermittent catheters per month which required individuals to wash and re-use their intermittent catheters. Although there were certain medical conditions (see list above) that qualified an individual for a new catheter for each intermittent self-catheterization episode most people only qualified for the maximum of four per month.

Individuals who relied on these cleaned and re-used catheters were sometimes getting more Urinary Tract Infections (UTI's) than the general population. As of April 2008, the new Medicare coverage guideline allowed all covered individuals a new sterile intermittent catheter for each episode of intermittent catheterization. If you were prone to getting UTIs under the previous guidelines (four intermittent catheters per month) it's possible that the new guidelines (one intermittent catheter per catheterization episode) may mean fewer doctors' visits, fewer prescriptions for antibiotics, less pain and symptoms, and less anxiety.

The change in coverage was a result of health care providers, patient advocates, and manufactures like Coloplast all advocating for this change. Some health care providers might still be unaware of the policy change in Medicare coverage. Talk to your physician or clinician to make sure that you have a prescription indicating the number of catheters, as well as, the number of times per day that you need to perform intermittent self-catheterization.

How do I make sure my catheters are covered by Medicare?

First, you must have a valid prescription on file with your physician, as well as with your medical product supplier, supported by specific documentation in your medical record identifying your need for intermittent catheter use. Even before ordering your supplies, it is important to ensure that your supplier is enrolled in Medicare, has a Medicare supplier number and that they are a participating supplier that accepts assignment.

“Accept assignment” means the supplier agrees to accept the Medicare-approved payment amount for your catheters. If your supplier accepts assignment, it can save you money.

When a medical product supplier accepts assignment they have agreed with Medicare to accept the maximum dollar amount allowed. This means that the medical supply store will bill Medicare for you. Medicare will pay the supplier 80% of the dollar amount that they allow for the product and you will be responsible for the co-pay which is 20% of that dollar amount Medicare allowed. For example: A product retails for \$2.00, Medicare allows \$1.00. Medicare will pay 80 cents to the medical product supplier and your co-pay responsibility will be 20 cents.

If a medical product supplier does not accept assignment, you would pay the \$2.00 up front to the supplier. The supplier will complete the Medicare (reimbursement) form for you and send it to them; however, Medicare will still only pay \$1.00 for the catheter and will pay you (instead of the supplier) the 80% of that \$1.00...which equates to 80 cents. This means that you paid \$1.20 out of pocket instead of 20 cents if you used a supplier who accepts assignment.

Medicare Participating Supplier

Some suppliers may not be a Medicare “participating supplier,” but they are still enrolled in Medicare.

Non-participating suppliers can also choose to accept assignment, or accept the amount Medicare will pay. If your supplier isn't a participating supplier, be sure to ask if they will accept assignment—to help you save money. It is very important to buy the type of intermittent catheter recommended by your physician or clinician—and preferred by you. If a medical product supplier says it's out of stock or on backorder, and recommends a substitute catheter that they tell you is “just as good,” you have the right to insist that they

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get the type of supplies that were prescribed and that you prefer. You also certainly have the option to find another medical product supplier who can honor your choice of catheter. This is important, because there are quality differences among the various types of catheters and brands.

To find a supplier, ask your clinician if they can recommend a company that accepts assignment where you can purchase your supplies. When you do find a supplier that works well for you, you'll want to form a good relationship with their staff.

If you'd like help finding an authorized supplier, contact the Coloplast Consumer Care Specialists at 1-866-226-6362.

Is there much difference between one catheter and another?

Yes, there are many types and brands of intermittent catheters, made from different material (clear, latex, non-latex.) Intermittent catheters also differ in terms of: their length, circumference, position of their openings (eyelets), and their tip. Some also have a special lubricated coating (hydrophilic). These are just a few of the variations emphasizing why it's so important to only get the type of catheter that your physician and clinician have advised.

Before dispensing your order, your supplier will require a copy of your prescription, to document your need to use intermittent catheter supplies, and the specific type and brand of the catheter selected by you and your physician. It may be beneficial to ask your clinician for a sample of your prescribed intermittent catheter so that you can bring it to the medical product supplier and show them your choice of catheter to ensure that your purchase is exactly what your physician prescribed.

What if I start having problems with the type of catheter prescribed?

Talk to your clinician or physician if you notice problems with catheter insertion or if you continually develop UTI's. You might need a different type of catheter. If that's the case, your physician can send a new prescription to your medical product supplier.

What if I have another type of insurance?

Where most state Medicaid and private insurers follow have developed policies that are consistent with Medicare, some do not or they may have modified the policies. As such you should always check with your insurer or plan administrator to verify coverage and utilization policies

If you are covered by a Medicaid program or by other private insurance, please consult your plan for the medical product coverage outlines and monthly intermittent catheter units allowed.

- Some state Medicaid programs may only cover single catheters and not kits
- Some state Medicaid programs have adjusted their maximum allowed amounts

Some additional comments?

It's always important to follow the plan of care set up for you by your physician and clinician. Use the size and types of catheter they advise. Follow their recommendations regarding how many times per day you should catheterize yourself. Together, you and your health care providers will be helping to keep your bladder healthy.

If you have any questions regarding product usage and availability please contact a Coloplast Consumer Care Specialists at 1-866-226-6362.

Coloplast does not practice medicine. The recommendations and information in this material are not medical advice. Contact your healthcare professional for personal medical advice or diagnosis. **IF YOU THINK YOU HAVE A MEDICAL EMERGENCY, CALL 911.**

The Coloplast story began back in 1954.

Elise Sørensen is a nurse. Her sister Thora has just had an ostomy operation and is afraid to go out, fearing that her stoma might leak in public. Listening to her sister's problems, Elise creates the world's first adhesive ostomy bag. A bag that does not leak, giving Thora – and thousands of people like her – the chance to return to their normal life.

A simple solution with great significance.

Today, our business includes ostomy care, urology and continence care and wound and skin care. But our way of doing business still follows Elise's example: we listen, we learn and we respond with products and services that make life easier for people with intimate healthcare needs.

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