

A4353 IC Cath Kit for end-users with immunosuppression*

Clarification from the Medicare Administrative Contractor identifies additional diagnosis codes for individuals with spinal cord injuries who may qualify for A4353 under the immunosuppressed criteria of the Medicare Urological Policy Medicare Policy:

Intermittent catheters are covered for Medicare beneficiaries who have a **permanent impairment of urination**. This is generally defined as a condition of "long and indefinite duration (ordinarily at least 3 months)" A4353 is covered when the beneficiary requires catheterization as noted above, 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.

Discussion with Medicare Jurisdiction B & C DME Medicare Administrative Contractor (MAC):

Coloplast asked: "Does the A4353 immunosuppressed policy criteria apply to patients who are immunosuppressed due to external factors, specifically high-level spinal cord injuries?"

MAC Response: "The DME MACs have received and reviewed the reference list and literature demonstrates that high-level spinal cord injury patients experience increased infections, such as pneumonia, at a higher rate relative to mid (T4-T8), and lower level thoracic injury (T9-T12). The list of examples in the Urological Supplies LCD (L33803) describe scenarios that could result in immunosuppression and is not all-inclusive but rather represents common conditions likely to result in immunosuppression. The example of high-level spinal cord injury patients (higher than T3) will be considered for coverage when conducting medical reviews of Intermittent catheterization using a sterile intermittent catheter kit (A4353)."

Medical Records Compliance: The medical record <u>must reflect all relevant information</u> to support the claim for A4353. The diagnosis must be well documented in the medical record with other supporting documentation that clearly meets the coverage criteria (1-5) under the Urological Medicare Policy.

Immunodeficiency specific diagnosis codes: On October 1st, 2020, 3 new ICD-10 diagnosis codes were created to increase the level of specificity for reporting of patients with immunodeficiency related conditions. The use of these new diagnosis codes alone does not satisfy the Medicare medical necessity requirement for A4353.

Immunodeficiency ICD-10 codes added October 1, 2020

D84.81	Immunodeficiency due to conditions classified elsewhere (e.g. diabetes)	
D84.821	Immunodeficiency due to current or past medication (e.g. immunosuppressant)	
D84.822	Immunodeficiency due to external causes (e.g., SCI)	

Questions: Contact us at USreimbursement@coloplast.com

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References:

Medicare intermittent catheter (IC) documentation check list:					
General Medicare documentation check l	ist ^{1,2}				
Prescription: Patients' information (name, date of birds)	th)				
☐ Type of IC prescribed (HCPCS code, description of IC type: straight, coude, closed)					
Catheterization frequency per day and quantity of IC (specific number)					
Prescribing clinicians' signature					
Clinician name or National Provider Identifier (NPI)					
Order date					
corrected within 3 months)	ncontinence or permanent urinary retention	not expected to be medically or surgically			
☐ Primary diagnosis to support medical necessity for an intermittent catheter					
☐ Must match the prescription (frequency of IC, quantity of IC, type of IC, length of need)					
* Might be requested by the DME supplier to have on file (12 months prior to IC) to show continued need/use if applicable					
Documentation required by intermittent of					
A4351: Straight Tip, with or without coating Everything in the general Medicare documentation check list	A4352: Coudé Tip, with or without coating ☐ Everything in the general Medicare documentation check list ☐ Documentation indicating that patient has tried and is unable to pass a straight tip catheter ☐ Documented medical need for a coudé catheter *Use of a Coudé tip catheter in female beneficiaries is rarely reasonable and necessary*	A4353: Closed System or sterile kit □ Everything in the general Medicare documentation check list. Patient meets one of 5 criteria: □ Patient resides in a nursing facility □ Patient is immunosuppressed □ Patient has documented vesicoureteral reflux □ Patient is a spinal cord injured female with neurogenic bladder who is pregnant □ Patient has had 2 documented urinary tract infections (UTI) while on a straight or coudé tip IC within 12-months			
Required documentation for UTIs:1,2					
1. Urine culture showing greater than 10,0 2. One additional symptom: Fever Systemic leukocytosis Change is urinary urgency, frequency Appearance of new or increase in au Physical signs of prostatitis, epididyn Increased muscle spasms Pyuria (greater than 5 white blood of	y, or incontinence utonomic dysreflexia (sweating, bradycardia nitis, orchitis	, blood pressure elevation)			

1. LCD - Urological Supplies (L33803). www.cms.gov. Accessed March 8, 2022. https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=33803&ContrlD=140 2. Article - Urological Supplies - Policy Article (A52521). www.cms.gov. Accessed March 8, 2022. https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=52521&ver=33

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