



## MO HealthNet (MHD) Pre-Certification

Medical Procedure Class:	Urological Supplies
Procedure Codes:	A4310EPNU, A4311EPNU, A4312EPNU, A4313EPNU, A4314EPNU, A4315EPNU, A4316EPNU, A4320EPNU, A4322EPNU, A4326EPNU, A4327EPNU, A4328EPNU, A4331EPNU, A4332EPNU, A4333EPNU, A4334EPNU, A4335EPNU, A4338EPNU, A4340EPNU, A4344EPNU, A4346EPNU, A4349EPNU, A4351EPNU, A4352EPNU, A4353EPNU, A4354EPNU, A4355EPNU, A4356EPNU, A4357EPNU, A4358EPNU, A4402EPNU, A5102EPNU, A5105EPNU, A5112EPNU, A5200EPNU
Implementation Date:	<b>03/04/2010</b>

**New Criteria**

**Revision of Existing Criteria**

### Executive Summary

<b>Purpose:</b>	To allow a consistent and streamlined authorization process for urological supplies.
<b>Why was this Issue Selected:</b>	Senate Bill 577 passed by the 94 <sup>th</sup> General Assembly directs MO HealthNet to utilize an electronic web-based system to authorize Durable Medical Equipment using best medical evidence and care and treatment guidelines, consistent with national standards to verify medical need.
<b>Procedures subject to Pre-Certification</b>	<p>A4310- Insertion tray without drainage bag; and without catheter</p> <p>A4311 - Insertion tray without drainage bag; with indwelling catheter, foley type, two-way latex with coating</p> <p>A4312 – Insertion tray without drainage bag; with indwelling catheter, foley type, two-way, all silicone</p> <p>A4313 - Insertion tray without drainage bag; with indwelling catheter, foley type, three-way, for continuous irrigation</p> <p>A4314 - Insertion tray with drainage bag; with indwelling catheter, foley type, two-way latex with coating</p> <p>A4315 - Insertion tray with drainage bag; with indwelling catheter, foley type, two-way, all silicone</p> <p>A4316- Insertion tray with drainage bag; with indwelling catheter, foley type, three-way for continuous irrigation</p>

A4320- Irrigation tray with bulb or piston syringe, any purpose

A4322- Irrigation syringe, bulb or piston, each

A4326- Male external catheter specialty type with integral collection chamber, any type, each

A4327 - Female external urinary collection device; meatal cup, each

A4328 – Female external urinary collection device; pouch, each

A4331 - Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each

A4332 - Lubricant, individual sterile packet, each

A4333 - Urinary catheter anchoring device, adhesive skin attachment, each

A4334 - Urinary catheter anchoring device, leg strap, each

A4335 - Incontinence supply; miscellaneous

A4338– Indwelling catheter; foley type, two-way latex with coating, each

A4340 – Indwelling catheter; specialty type, each

A4344 - Indwelling catheter, foley type; two-way all silicone, each

A4346 - Indwelling catheter, foley type; three-way for continuous irrigation, each

A4349 - Male external catheter, with or without adhesive, disposable, each

A4351 - Intermittent urinary catheter; straight tip, with or without coating, each

A4352 - Intermittent urinary catheter; coude tip, with or without coating, each

A4353 – Intermittent urinary catheter with insertion supplies

A4354 – Insertion tray with drainage bag, but without catheter

A4355 - Irrigation tubing set for continuous bladder irrigation through a three-way indwelling foley catheter, each

A4356 - External urethral clamp or compression device, each

A4357 - Bedside drainage bag, day or night with or without anti-reflux device, with or without tube, each

A4358 - Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each

A4402 - Lubricant, per ounce

A5102 - Bedside drainage bottle with or without tubing, rigid or

	expandable, each A5105 - Urinary suspensory with leg bag, with or without tube, each A5112 - Urinary leg bag; latex A5200 - Percutaneous catheter/tube anchoring device, adhesive skin attachment
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**Setting & Population**

MHD fee- for- service participants under age 21.

**Approval Criteria**

Urinary catheters and external urinary collection devices may be covered to drain or collect urine for a patient who is under the age of 21 who has permanent impairment of urination (i.e. 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 patient within 3 months.) This does not require a determination that there is no possibility that the patient’s condition may improve sometime in the future. If the medical record, including the judgment of the authorized prescriber, indicates the condition is of long and indefinite duration (generally at least 3 months), the test of permanence is considered met.

**INDWELLING CATHETERS**

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

1. Catheter is accidentally removed
2. Malfunction of 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

An all silicone catheter (A4344, A4312, or A4315) is covered when there is documentation in the patient’s medical record of sensitivity to latex.

The authorized prescriber must contact the help desk at 800-392-8030 to request authorization of a specialty indwelling catheter (A4340) or a three way indwelling catheter (A4346).

**CATHETER INSERTION TRAY**

One insertion tray will be covered per episode of indwelling catheter insertion.

One intermittent catheter with insertion supplies (A4353) will be covered per episode of medically necessary sterile intermittent catheterization.

## **URINARY DRAINAGE COLLECTION SYSTEM**

Payment will be made for routine changes of the urinary drainage collection system as indicated in Section 19 of the DME provider manual. The help desk must be contacted by the authorized prescriber through submission of a CyberAccess help ticket or at 800-392-8030 to request quantities above the maximum quantity listed.

Leg bags are indicated for patients who are ambulatory or chair/wheelchair bound. The use of leg bags for bedridden patients is not medically 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 must be considered. 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.

Approval will be limited to either a vinyl leg bag (A4358) or a latex leg bag (A5112). The use of both is not medically necessary.

The help desk must be contacted by the authorized prescriber through submission of a CyberAccess help ticket or at 800-392-8030 to request authorization of the following items:

A5200: Percutaneous catheter/tube anchoring device, adhesive skin attachment;

A5102: Bedside drainage bottle with or without tubing, rigid or expandable, each;

A4356: External urethral clamp or compression device, each

## **INTERMITTENT IRRIGATION OF INDWELLING CATHETERS**

Supplies for 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. The medical record must document the presence of acute catheter obstruction. Routine intermittent irrigations are not medically necessary. Routine irrigations are defined as those performed at predetermined intervals. The authorized prescriber must contact the help desk at 800-392-8030 for authorization of intermittent irrigation supplies.

## **CONTINUOUS IRRIGATION OF INDWELLING CATHETERS**

Continuous irrigation of indwelling catheters is rarely medically necessary. The authorized prescriber must contact the help desk at 800-392-8030 to request supplies for continuous irrigation of indwelling catheters.

## **INTERMITTENT CATHETERIZATION**

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

Intermittent catheterization using a sterile intermittent catheter kit (A4353) is covered when the patient requires catheterization and the patient meets one of the following criteria:

1. The patient is immunosuppressed, for example (not all inclusive):
  - a. on a regimen of immunosuppressive drugs post-transplant
  - b. on cancer chemotherapy
  - c. has AIDS
  - d. has a drug-induced state such as chronic oral corticosteroid use
2. The patient has a radiologically documented vesico-ureteral reflux while on a program of intermittent catheterization;
3. The patient is a pregnant spinal cord injured female with neurogenic bladder (for the duration of the pregnancy only);
4. The patient has had distinct urinary tract infections, while on a program of sterile intermittent catheterization with A4351/A4352 and sterile lubricant (A4332), twice in the 12-month period prior to the initiation of sterile intermittent catheter kits.

Refer to Section 19 of the DME Provider Manual for the maximum supply quantities. The authorized prescriber must contact the help desk at 800-392-8030 to request supplies in excess of the maximum allowed.

The authorized prescriber must contact the help desk at 800-392-8030 for authorization of a Coude (curved) tip catheter.

## **EXTERNAL CATHETERS/URINARY COLLECTION DEVICES**

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

The authorized prescriber must contact the help desk at 800-392-8030 for authorization of specialty type male external catheters (A4326) such as those that inflate or include a faceplate or extended wear catheter systems. Authorization of a urinary suspensory (A5105) will also require the authorized prescriber to contact the help desk.

Refer to Section 19 of the DME Provider Manual for the maximum quantity of supplies. The authorized prescriber must contact the help desk at 800-392-8030 to request supplies in excess of the maximum quantity allowed.

## **MISCELLANEOUS SUPPLIES (A4335)**

The authorized prescriber must contact the help desk at 800-392-8030 for authorization of A4335 (Incontinence supply; miscellaneous).

**Denial Criteria**

The approval criteria are not met.

**Quantity Limitation**

Claims for catheters and supplies are subject to the following quantity limitations. The authorized prescriber must contact the Help Desk at 800-392-8030 to request approval for medically necessary quantities in excess of the below noted limitations.

UROLOGY CODE	90 days	60 days	Month	Week	Day
A4310			1		
A4311			1		
A4312			1		
A4313			1		
A4314			1		
A4315			1		
A4316			1		
A4320			1		
A4322			4		
A4326			30		
A4327				1	
A4328					1
A4331			1		
A4332			30		
A4333				3	
A4334			1		
A4335			99		
A4338			1		
A4340			1		
A4344			1		
A4346			1		
A4349			30		
A4351			120		
A4352			4		
A4353			120		
A4354			1		
A4355			99		
A4356	1				

A4357	1				
A4358		1			
A4402			8		
A4450			10		
A4452			10		
A5102	1				
A5105			1		
A5112			1		
A5113			1		
A5114			1		
A5200			1		

**Approval Period**

The lesser of the authorized prescriber- specified length of need.

**Appendix A: Potential Questions for Step 1 and Step 2**

**\*\*The following questions may be encountered as part of the approval and denial criteria. Depending on the patient’s history and the way previous questions may be answered, not every question may be asked for every patient.**

1. Does the patient have permanent urinary incontinence or permanent urinary retention (not expected to be surgically or medically corrected within 3 months)
2. Is patient able to use a straight tip catheter?
3. Will patient/ caregiver perform intermittent catheterization?
4. Will patient utilize an indwelling catheter system?
5. Will patient use an external catheter?
6. What is the duration of need in months?
7. Does patient require sterile catheterization?
8. Is the patient immunosuppressed? (i.e., on immunosuppressive drugs, on cancer chemotherapy, has AIDS, has a drug induced state such as corticosteroid use)
9. Does patient have radiologically documented vesico-ureteral reflux while on a program of intermittent catheterization?
10. Does the medical record document patient 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-months prior to the initiation of sterile intermittent catheter kits?
11. Is this patient currently pregnant?
12. How many months remain in the pregnancy? \_\_\_\_\_
13. Is the patient spinal cord injured with neurogenic bladder?
14. Does patient require continuous or intermittent irrigation?
15. Does patient medical record document sensitivity to latex?
16. Is patient bedridden?