

MO HealthNet PA Criteria

Medical Procedure Class:	Urological Supplies Over the Quantity Limit
Procedure Codes:	A4310NU, A4311NU, A4312NU, A4313NU, A4314NU, A4315NU, A4316NU, A4320NU, A4322NU, A4326NU, A4327NU, A4328NU, A4331AUNU, A4332NU, A4333NU, A4334NU, A4335NU, A4338NU, A4340NU, A4344NU, A4346NU, A4349NU, A4351NU, A4352NU, A4353NU, A4354NU, A4355NU, A4356NU, A4357AUNU, A4358NU, A4402AUNU, A5102AUNU, A5105NU, A5112NU, A5200NU
Implementation Date:	03/02/2010 Smart PA implementation 03/04/2010 CyberAccess implementation
Prepared for:	MHD
<input checked="" type="checkbox"/> New Criteria <input type="checkbox"/> Revision of Existing Criteria	

Executive Summary

Purpose:	To allow a more consistent and streamlined process for authorization of urological supplies.
Why was this Issue Selected:	Senate Bill 577 passed by the 94 th 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.
Procedures subject to Pre-Certification	<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,</p>

foley type, three-way for continuous irrigation

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

	<p>A4402 - Lubricant, per ounce</p> <p>A5102- Bedside drainage bottle with or without tubing, rigid or expandable, each</p> <p>A5105 - Urinary suspensory with leg bag, with or without tube, each</p> <p>A5112 - Urinary leg bag; latex</p> <p>A5200 - Percutaneous catheter/tube anchoring device, adhesive skin attachment</p>
--	---

Data Sources:	<input checked="" type="checkbox"/> Medicare LCD	<input checked="" type="checkbox"/> MHN Policy
----------------------	---	---

Setting & Population

MHD fee-for-service participants under age 21.

Approval Criteria

1. The criteria for urological supplies within quantity limitation is met (there is a pending or approved pre-certification); and
2. Justification of the medical necessity via phone call to the help desk at 800-392-8030.

Denial Criteria

The approval criteria are not met.

Quantity Limitation

Determined through consultant review.

Approval Period

The lesser of the authorized prescriber- specified length of need up to one year.

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. Was an approval or pending approval obtained for urological supplies within the normal limits?
2. Does the patient require urological supplies beyond the normal limit?

3. Is there a written signed and dated physician's order for urological supplies?
4. Do you hereby certify this item is medically necessary?