Program Memorandum
Intermediaries/Carriers

Department of Health and Human Services (DHHS)
HEALTH CARE FINANCING ADMINISTRATION (HCFA)

Transmittal AB-00-102 **Date: NOVEMBER 2, 2000**

This Program Memorandum re-issues Program Memorandum AB-99-74, Change Request 939 dated October 1999. The only change is the discard date; all other material remains the same.

CHANGE REQUEST 939

SUBJECT: Clarification to MCM §2130 Prosthetic Devices and CIM §60-9 Durable Medical Equipment Reference List--Coverage of Intermittent Catheterization

We are issuing this Program Memorandum (PM) because of the growing confusion surrounding Medicare coverage of intermittent catheterization. We believe this clarification will address the concerns expressed regarding implementation of current coverage policy (see CIM §60-9 and MCM §2130). We plan to issue an instruction(s) to the appropriate HCFA manuals in the near future.

Intermittent catheterization is covered under Medicare for an individual who has a permanent impairment of urination, i.e., urinary incontinence or urinary retention. A permanent impairment of urination is considered to be a condition that is not expected to be medically or surgically corrected. This does not require a determination that there is no possibility that the individual's condition may improve sometime in the future. If the medical record, including the judgment of the attending physician, indicates that the condition is of long and indefinite duration (ordinarily at least 3 months), the test of permanence is considered met.

A urinary collection and retention system with or without a tube is covered as a prosthetic device replacing bladder function in cases of urinary incontinence or urinary retention.

There are three options for urine collection: an indwelling catheter, intermittent catheterization, or an external urinary collection device. Most individuals who have permanent urinary incontinence/retention and who perform intermittent catheterization are able to practice clean, nonsterile catheterization technique. In cases where the clean, nonsterile technique is not appropriate, intermittent catheterization using sterile technique may be covered when the following criteria are met:

- The patient resides in a nursing facility (for SNF residents who are in a covered Part A stay, prosthetic devices, including catheters, are paid for as part of the per diem payment the facility receives under PPS), or

- The patient is immunosuppressed, for example:

  -- on a regimen of immunosuppressive drugs post-transplant;
  -- on cancer chemotherapy;
  -- has AIDS; or
  -- has a drug induced state such as chronic oral corticosteroid use
  (These are examples and should not be considered all inclusive.)

  AND requires catheterization, or

- The patient has radiologically documented vesico-ureteral reflux while on a program of intermittent catheterization, or

- The patient is a spinal-cord injured female with neurogenic bladder who is pregnant (for duration of pregnancy only), or

- The patient has had distinct, recurrent urinary tract infections, while on a program of clean intermittent catheterization, twice within the 12-month period prior to beginning sterile intermittent catheterization.

For purposes of this policy, a patient would be considered to have a urinary tract infection if he/she has 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 >38 degrees C)
. 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 wbc's per high-powered field)

The medical necessity for use of sterile catheterization for reasons other than the criteria listed may be presented for individual consideration. The medical necessity in these cases must be well documented by the treating physician. Such documentation may include prior year records.

Patients who currently meet the criteria for coverage of sterile intermittent catheterization as delineated in the current DMERC regional medical review policy will be deemed to have met the criteria as listed under this policy clarification. Once patients who require catheterization meet the criteria as listed in this policy clarification they will continue to do so for purposes of future coverage.

The effective date of this PM is October 1, 1999.

The implementation date for this PM is October 1, 1999.

These instructions should be implemented within your current operating budget. These claims may be subject to medical review; no standard systems changes are necessary at this time.

Contact person for coverage questions is Sharon E. Hippler (410)786-4633. Any questions regarding Part A intermediary claims processing should be addressed to Faith Ashby (410)786-6145; any questions regarding Part B carrier claims processing should be addressed to JoAnn Spalding (410)786-3352.

Contractors should contact the appropriate regional office with any questions.

This PM may be discarded after October 31, 2001.