

Bard Care: Printable Documentation Checklist: Sterile Kit

Detailed Written Order (DWO)¹

Each DWO must contain ALL of the following criteria:

- Name of patient
- Name of physician
- Date of the order
- Detailed description of each item
- Quantity to dispense
- Number of refills/Refill frequency
- Specific Frequency of use
- Physician signature and date

Medical Records for all HCPCS codes¹:

- Medical records that verify the beneficiary has permanent (greater than 3 months) urinary incontinence or urinary retention.
- The impairment of urination is not expected to be medically or surgically corrected within 3 months.
- Physician signature and date

Claims for Sterile Intermittent Catheter Kits (A4353)²

Intermittent catheterization using a sterile intermittent catheter kit (A4353) is covered when the beneficiary requires catheterization 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.

A beneficiary would be considered to have a urinary tract infection if they have 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 greater than 38° C [100.4° F])
- 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 white blood cells [WBCs] per high-powered field)

1. CMS Manual system, Pub. 100-08, Medicare Program Integrity Manual, Chapter 5. <http://www.cms.gov/medicare/medicare-coverage-database/details/lcd-details.aspx?LCDId=33803&ver=7&CoverageSelection=Both&ArticleType=All&PolicyType=Final&KeyWord=UROLOGICAL+SUPPLIES&KeyWordLookUp=Title&KeyWordSearchType=And&bc=gAAAAABAAAAAA%3d%3d&>
2. The Centers for Medicare & Medicaid Services, (CMS): Local Coverage Determination (LCD): UROLOGICAL SUPPLIES (L33803): Original Effective Date: For services performed on or after 10/01/2015; Revision Effective Date: For services performed on or after 01/01/2016: <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33803&ver=7&DocType=Active&bc=AAIAAAAAAAAAAAAA%3d%3d&>

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Local Coverage Determination (LCD):
Urological Supplies (L33803)
<https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33803&ver=7&DocType=Active&bc=AAIAAAAAAAAAAAAA%3d%3d&>

Summary of Indications & Warnings:

Intermittent catheters are intended for draining urine from the bladder. Reuse of a single use device may create a risk of patient or user infection. Please consult product labels and inserts for more detailed safety information and instructions for use.

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Bard Care: Printable Documentation Checklist: Coudé

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- Specific Frequency of use
- Physician signature and date

Medical Records for all HCPCS codes¹:

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- The impairment of urination is not expected to be medically or surgically corrected within 3 months.
- Physician signature and date

Claims for Coudé or curved Tip Catheters (A4352)²

In order to qualify for a sterile intermittent catheter with Coudé Tip (A4353), the patient must require catheterization and have medical documentation of one of the following criteria:

- Unable to maneuver a straight tip catheter due to a stricture
- Anatomy is such that a straight tip catheter is ineffective in passing through the urethra, and curved tipped catheter is required to conform to the patient's anatomy
- Enlarged prostate gland creating an obstruction that requires a coudé tip catheter
- The use of a straight tip catheter causes pain, discomfort, and bleeding during use, therefore the patient requires a coudé catheter that passes through the urethra without harm
- Obstruction of the urinary passage which requires a coudé catheter to maneuver around the obstruction with ease

1. CMS Manual system, Pub. 100-08, Medicare Program Integrity Manual, Chapter 5. <http://www.cgsmedicare.com/jc/pubs/pdf/chpt3.pdf>
2. The Centers for Medicare & Medicaid Services, (CMS); Local Coverage Determination (LCD): UROLOGICAL SUPPLIES (L33803): Original Effective Date: For services performed on or after 10/01/2015; Revision Effective Date: For services performed on or after 01/01/2016: <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33803&ver=7&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=All&Keyword=UROLOGICAL+SUPPLIES&KeywordLookUp=Title&KeywordSearchType=And&bc=gAAAAABAAAAAA%3d%3d&>

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