



**MCKESSON**

**McKesson Patient Care Solutions**

# **Medicare Utilization Guidelines Urological Products**

**855.571.1762**



Product	Maximum Frequency	Special Comments
<b>Intermittent Catheters</b>		<b>Doctor's written order must list quantity used per supply period and frequency of use.</b>
Straight / Coude Intermittent Catheter	Up to 200 / Month	Coude requires proper documentation substantiating medical necessity, such as the inability to pass a straight catheter, an obstruction due to an enlarged prostate gland or special drainage needs due to a Koch or Indiana pouch
Sterile Lubricant Packet	Up to 200 / Month	One pack of lubricant per catheter
Sterile Intermittent Closed System Catheter Tray	Up to 200 / Month	Patient must meet 1 of 5 coverage criteria: 1. The patient has had distinct, recurrent urinary tract infections while on a program of sterile intermittent catheterization, twice within the 12 months prior to the initiation of sterile intermittent catheter kits. Urine cultures must be provided. 2. The patient resides in a nursing facility. 3. The patient is immunosuppressed. 4. The patient has radiologically documented vesico-ureteral reflux while on a program of intermittent catheterization 5. The patient is a spinal cord injured female with neurogenic bladder who is pregnant.
<b>Indwelling Catheters / Foleys</b>		
Latex Foley	Up to 1 / Month	
Coude / Silastic / All-Silicone Foley	Up to 1 / Month	Requires proper documentation substantiating medical necessity, such as the inability to pass straight catheter, encrustation or latex sensitivity
<b>Trays / Syringes</b>		
Insertion Tray	Up to 1 / Month	
Irrigation Syringe (Bulb or Piston)	Up to 1 / Month	For non-routine irrigation of indwelling catheter; Requires proper documentation substantiating acute catheter obstruction
<b>External Catheters</b>		<b>Doctor's written order must list quantity used per supply period and frequency of use</b>
Male External Catheter	Up to 35 / Month	
Specialty Male External Catheter	Not specified in LCD	Requires proper documentation substantiating medical necessity
<b>Accessories</b>		<b>Coverage available when doctor's written order prescribes the following items:</b>
Extension Tubing	Up to 1 / Month	
Catheter Strap	Up to 1 / Month	Coverage available with indwelling catheters only
Leg Strap	Up to 1 / Month	Coverage available with indwelling catheters only
Tape (1")	Up to 5 yds. / Month	Coverage available with indwelling catheters only
Bedside Drainage Bag	Up to 2 / Month	
Leg Bag (Vinyl)	Up to 2 / Month	Non-covered for bedridden beneficiaries
Leg Bag (Latex)	Up to 1 / Month	Non-covered for bedridden beneficiaries
Appliance Cleaner	Up to 16 oz. / Month	Coverage available for use with a bedside drain bag, a urinary suspensory with leg bag or a latex leg bag
Urethral Clamp/Compression Device	Up to 1 / 3 Months	
Bedside Collection Bottle	Up to 1 / 3 Months	

\* Medical records are required for all urological product orders.

Unless otherwise noted, the information on this card was obtained from the Centers for Medicare & Medicaid Services: Local Coverage Determination for Urological Supplies. Be advised that information contained herein is intended to serve as a useful reference for informational purposes only and is not complete clinical information or a guarantee of coverage. This information is intended for use only by competent healthcare professionals exercising judgment in providing care. McKesson Patient Care Solutions cannot be held responsible for the continued currency of or for any errors or omissions in the information.