



ND

# Medical Policies



Print

Policy Number: O-27

Policy Name: Urological Supplies

Policy Type: Medical

Effective Date: 09-15-2025

Policy Subtype: Orthotic & Prosthetic Devices

End Date: 11-02-2025

## Description

Urinary drainage systems are used to replace the urine collection, urine retention function and bladder emptying function in individuals with permanent urinary incontinence, urinary obstruction or neurogenic bladder dysfunction resulting from disease, accidental injury, or surgery.

## Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date; **or**

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

## Criteria

Coverage is subject to the specific terms of the member's benefit plan.

Urinary catheters and external urinary collection devices may be considered medically necessary for an individual who meets **ANY ONE** (1) of the following indications:

- Permanent urinary incontinence; **or**
- Permanent urinary retention (defined as retention that is not expected to be medically **or** surgically corrected in that individual within three (3) months).

Indwelling Catheters

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

No more than one (1) catheter per month may be considered medically necessary for routine catheter maintenance.

Quantities that exceed the frequency guidelines listed on the policy are considered not medically necessary.

Non-routine catheter changes may be considered medically necessary in exceptional circumstances, including but not limited to:

- Catheter is accidentally removed (e.g., pulled out by individual); **or**
- Malfunction of catheter (e.g., balloon does not stay inflated, hole in catheter); **or**
- Catheter is obstructed by encrustation, mucous plug, or blood clot; **or**
- History of recurrent obstruction or urinary tract infection (UTI) for which it has been established that an acute event is prevented by a scheduled change frequency of more than once per month.

Non-routine catheter changes not meeting the criteria as indicated in this policy are considered not medically necessary.

The medical necessity for use of a greater quantity of supplies than the amounts specified in this policy must be documented in the individual's medical record and must be available upon request.

Procedure Codes

A4311	A4312	A4313	A4314	A4315	A4316	A4338
A4340	A4341	A4342	A4344	A4346		

Specialty Indwelling Catheter

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

A specialty indwelling catheter or an all-silicone catheter may be considered medically necessary when the criteria for an indwelling catheter are met and documentation supports the medical need for that catheter.

A specialty indwelling catheter not meeting the criteria as indicated in this policy is considered not medically necessary.

Procedure Codes

A4312	A4315	A4340	A4344
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# Three-Way Indwelling Catheter and Continuous Irrigation of Indwelling Catheter

## Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

A three-way indwelling catheter either alone or with other components may be considered medically necessary when continuous catheter irrigation is medically necessary.

A three-way indwelling catheter not meeting the criteria as indicated in this policy is considered not medically necessary

Supplies for continuous irrigation of a catheter may be considered medically necessary if there is a history of obstruction of the catheter and the patency of the catheter cannot be maintained by intermittent irrigation and catheter changes.

Supplies for medically necessary continuous bladder irrigation include a three-way Foley catheter, irrigation tubing set, and sterile saline or sterile water.

More than one (1) set of irrigation tubing per day, for continuous catheter irrigation, is considered not medically necessary.

Therapeutic irrigation solutions containing antibiotics and chemotherapeutic agents are considered experimental/investigational and therefore, non-covered because the safety and/or effectiveness of the service cannot be established by the available published peer-reviewed literature.

Irrigating solutions such as acetic acid or hydrogen peroxide, which are used for the treatment or prevention of urinary obstruction, are considered experimental/investigational and therefore non-covered because the safety and/or effectiveness of this service cannot be established by the available published peer-review literature.

Continuous irrigation for greater than two (2) weeks is considered not medically necessary. Continuous irrigation for periods that exceed two (2) weeks require medical documentation. Any other indication not listed above is considered not medically necessary.

Three (3)-way indwelling catheter and/or continuous irrigation not meeting the criteria as indicated in this policy is considered not medically necessary.

## Procedure Codes

A4217	A4321	A4346	A9270
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# Urinary Drainage Collection System

## Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

Leg bags may be considered medically necessary for individuals who are ambulatory or are chair- or wheelchair-bound. The use of leg bags for bedridden individuals is considered not medically necessary.

Two (2) drainage bags per month for routine changes is considered medically necessary. Quantity level limits that exceeds the frequency guidelines listed on this policy are considered not medically necessary.

One (1) latex leg bag per month may be considered medically necessary. Quantity level limits that exceeds the frequency guidelines listed on this policy are considered not medically necessary.

Drainage bags containing gel matrix or other material, which are intended to be disposed daily, will be denied as non-covered.

Procedure Codes

A4311	A4312	A4313	A4314	A4315	A4316	A4354
A4357	A4358	A5102	A5112			

Intermittent Irrigation of Indwelling Catheter

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

Supplies for the intermittent irrigation of an indwelling catheter may be considered medically necessary when they are used on an as needed (non-routine) basis in the presence of acute obstruction of the catheter.

Routine intermittent irrigations of a catheter are considered not medically necessary.

Medically necessary supplies for medically necessary non-routine irrigation of a catheter include an irrigation tray irrigation syringe and sterile saline or sterile water.

Irrigation supplies that are used for care of the skin or perineum of incontinent individuals are not covered considered not medically necessary.

Any other indication not listed above is considered not medically necessary.

Procedure Codes

A4320	A4321
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Catheter Insertion Trays

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

One (1) insertion tray may be considered medically necessary per episode of indwelling catheter insertion.

Quantities in excess is considered not medically necessary.

One (1) intermittent catheter with insertion supplies may be considered medically necessary per episode of medically necessary sterile intermittent catheterization.

Quantities in excess will be considered not medically necessary.

Catheter insertion trays for clean, non-sterile intermittent catheterization are considered not medically necessary.

Insertion trays that contain component parts of the urinary collection system, (e.g., drainage bags and tubing) are inclusive sets and additional component parts may be considered medically necessary only per the stated criteria in each section of this policy.

## Procedure Codes

A4310	A4311	A4312	A4313	A4314	A4315	A4316
A4353	A4354					

## Intermittent Catheterization

### Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

Intermittent catheterization may be considered medically necessary when basic medical necessity criteria are met and the individual or caregiver can perform the procedure.

Intermittent catheterization using sterile technique may be considered medically necessary when the individual requires catheterization and the individual meets **ANY ONE** (1) of the following criteria:

- The individual resides in a nursing facility; **or**
- The individual is immunosuppressed, for example (not all inclusive):
  - Has a drug-induced state such as chronic oral corticosteroid use; **or**
  - On a regimen of immunosuppressive drugs post-transplant; **or**
  - On cancer chemotherapy; **or**
- The individual has radiologically documented vesico-ureteral reflux while on a program of intermittent catheterization; **or**
- The individual is a spinal cord-injured female with neurogenic bladder who is pregnant (for duration of pregnancy only); **or**
- The individual has had distinct, recurrent UTI's, while on a program of clean intermittent catheterization with sterile lubricant, twice within the 12-month period prior to the initiation of sterile intermittent catheterization.

An individual would be considered to have a UTI if they have a urine culture with greater than 10,000 colony forming units of a urinary pathogen and concurrent presence of **ANY ONE** (1) of the following signs, symptoms or laboratory findings:

- Appearance of new or increase in autonomic dysreflexia (sweating, bradycardia, blood pressure elevation); **or**
- Change in urinary urgency, frequency, or incontinence; **or**
- Fever (oral temperature over 38° C [100.4° F]); **or**
- Increased muscle spasms; **or**
- Physical signs of prostatitis, epididymitis, orchitis; **or**
- Pyuria (greater than five (5) white blood cells (WBCs) per high-powered field); **or**
- Systemic leukocytosis.

Intermittent catheterization using sterile technique is considered experimental/investigational and therefore non-covered because the safety and/or effectiveness of this service cannot be established by the available published peer-reviewed literature.

No more than 200 units per month may be considered medically necessary for the following items:

- Lubricant, individual sterile packet, each; **or**
- Intermittent urinary catheter; straight tip, with or without coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), **or**
- Intermittent urinary catheter; coude (curved) tip, with or without coating (teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each **or**
- Intermittent urinary catheter, with insertion supplies.

Quantity level limits that exceed the frequency guidelines listed on this policy are considered not medically necessary.

Intermittent catheterization using sterile technique not meeting the criteria as indicated in this policy is considered not medically necessary.

Procedure Codes

A4332	A4351	A4352	A4353
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External Catheters/Urinary Collection Devices

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

Male external catheters (condom-type) or female external urinary collection devices may be considered medically necessary for individuals who have permanent urinary incontinence when used as an alternative to an indwelling catheter.

No more than 35 male external catheters may be considered medically necessary per month. Quantities in excess of 35 per month are considered not medically necessary.

Adhesive strips or tape used with male external catheters with adhesive strips or adhesive coating are included in the allowance for that code and are not separately payable.

Male external catheters (condom-type) or female external urinary collection devices are considered non-covered when ordered for individuals who also use an indwelling catheter.

Specialty-type male external catheters such as those that inflate or that include a faceplate may be considered medically necessary where the clinical situation justifies their need.

For female external urinary collection devices ; more than one (1) meatal cup per week or more than one (1) pouch per day is considered not medically necessary.

Male external catheters (condom-type) or female external urinary collection devices not meeting the criteria as indicated in this policy is considered not medically necessary.

## Procedure Codes

A4326	A4327	A4328	A4349
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## Miscellaneous Supplies

### Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

One external urethral clamp or compression device may be considered medically necessary every three (3) months or sooner if the rubber/foam casing deteriorates.

Tape that is used to secure an indwelling catheter to the individual's body may be considered medically necessary.

More than five (5) yards of one (1)-inch tape per one (1) month will be considered not medically necessary.

Adhesive catheter anchoring devices and catheter leg straps for indwelling urethral catheters may be considered medically necessary.

More than three (3) per week of adhesive catheter anchoring devices or one (1) catheter leg strap per month will be considered not medically necessary.

A percutaneous catheter/tube anchoring device may be considered medically necessary when it is used to anchor a covered suprapubic tube or nephrostomy tube.

Urethral inserts may be considered medically necessary for adult women with stress incontinence when basic medical necessity criteria are met and the individual or caregiver can perform the procedure.

Urethral inserts are considered not medically necessary in **ANY ONE** (1) of the following indications:

- With bladder or other UTI; **or** with a history of urethral stricture, bladder augmentation, pelvic radiation or other conditions where urethral catheterization is not clinically advisable; **or**
- Who are immunocompromised, at significant risk from UTI, interstitial cystitis, or pyelonephritis, or who have severely compromised urinary mucosa; **or**
- Unable to tolerate antibiotic therapy; **or**

- On anticoagulants; **or**
- With overflow incontinence or neurogenic bladder.

Extension tubing may be considered medically necessary for use with a latex urinary leg bag. Extension tubing is included in the allowance for insertion trays with drainage bag, bedside drainage bags, vinyl urinary drainage bags and urinary suspensories with leg bags.

## Procedure Codes

A4311	A4312	A4313	A4314	A4315	A4316	A4331
A4333	A4334	A4336	A4356	A5105	A5112	

## Non-covered Supplies

### Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date; **or**

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

Prosthetic devices dispensed to an individual prior to performance of the procedure that will necessitate use of the device will be denied as non-covered for the treatment of the individual's condition.

**ANY ONE** (1) of the following supplies used in the management of incontinence is non-covered, because they are not prosthetic devices and are not required for the effective use of a prosthetic device:

- Adhesive remover (Note: these may be considered medically necessary for ostomy supplies); **or**
- Catheter care kits; **or**
- Catheter clamp or plug; **or**
- Creams, salves, lotions, barriers (liquid, spray, wipes, powder, paste) or other skin care products; **or**
- Diapers, drip collectors, or incontinent garments, disposable or reusable; **or**
- Disposable underpads (e.g., Chux); **or**
- Drainage bag holder or stand; **or**
- Gauze pads and other dressings (may be covered under other benefits, e.g., surgical dressings); **or**
- Gloves; **or**
- Measuring container; **or**
- Urinary drainage tray; **or**
- Urinary suspensory without leg bag; **or**
- Other incontinence products not directly related to the use of medically necessary urinary catheter or external urinary collection device.

## Procedure Codes

A4335	A4455	A4553	A4456	A4520	A4554	A4649
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A4927	A4930	A9999	T4521	T4522	T4523	T4524
T4525	T4526	T4527	T4528	T4529	T4530	T4531
T4532	T4533	T4534	T4535	T4536	T4537	T4538
T4539	T4540	T4541	T4542	T4543	T4544	T4545

## Professional Statements and Societal Positions Guidelines

Not Applicable

## Diagnosis Codes

Covered Diagnosis Codes for Procedure Codes A4217; A4310; A4311; A4312; A4313; A4314; A4315; A4316; A4320; A4326; A4327; A4328; A4332; A4333; A4334; A4338; A4340; A4344; A4346; A4349; A4351; A4352; A4353; A4354; A4356; A4358; A5102 and A5112

N31.0	N31.1	N31.9	N36.42	N36.43	N36.5	N39.0
N39.3	N39.41	N39.42	N39.43	N39.44	N39.45	N39.46
N39.490	N39.491	N39.492	N39.498	Q64.0	Q64.10	Q64.11
Q64.12	Q64.19	Q64.5	Q64.70	Q64.79	R32	R33.9

### Covered Diagnosis Code for Procedure Code A4336

N39.3
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### Non-covered Diagnosis Codes for Procedure Codes A4455 and A4456

N31.0	N31.1	N31.9	N36.42	N36.43	N36.5	N39.0
N39.3	N39.41	N39.46	N39.490	N39.498	Q64.0	Q64.10
Q64.11	Q64.12	Q64.19	Q64.5	Q64.70	R32	R33.9

## CURRENT CODING

HCPCS:

A4217	Sterile water/saline, 500 ml	Commercial
A4310	Insert tray w/o bag/cath	Commercial
A4311	Catheter w/o bag 2-way latex	Commercial
A4312	Cath w/o bag 2-way silicone	Commercial
A4313	Catheter w/bag 3-way	Commercial
A4314	Cath w/drainage 2-way latex	Commercial
A4315	Cath w/drainage 2-way silicone	Commercial
A4316	Cath w/drainage 3-way	Commercial
A4320	Irrigation tray	Commercial
A4321	Cath therapeutic irrig agent	Commercial
A4326	Male external catheter	Commercial
A4327	Fem urinary collect dev cup	Commercial
A4328	Fem urinary collect pouch	Commercial
A4331	Extension drainage tubing	Commercial
A4332	Lube sterile packet	Commercial
A4333	Urinary cath anchor device	Commercial
A4334	Urinary cath leg strap	Commercial
A4335	Incontinence supply	Commercial
A4336	Urethral insert	Commercial
A4338	Indwelling catheter latex	Commercial
A4340	Indwelling catheter special	Commercial
A4341	Iduc valve pat inst repl	Commercial
A4342	Iduc valve sply repl	Commercial
A4344	Cath indw foley 2 way silicone	Commercial
A4346	Cath indw foley 3 way	Commercial
A4349	Disposable male external cat	Commercial
A4351	Straight tip urine catheter	Commercial
A4352	Coude tip urinary catheter	Commercial
A4353	Intermittent urinary cath	Commercial
A4354	Cath insertion tray w/bag	Commercial

A4356	Ext ureth clmp or compr dvc	Commercial
A4357	Bedside drainage bag	Commercial
A4358	Urinary leg or abdomen bag	Commercial
A4455	Adhesive remover per ounce	Commercial
A4456	Adhesive remover, wipes	Commercial
A4520	Incontinence garment anytype	Commercial
A4553	Nondisp underpads, all sizes	Commercial
A4554	Disposable underpads	Commercial
A4649	Surgical supplies	Commercial
A4927	Non-sterile gloves	Commercial
A4930	Sterile, gloves per pair	Commercial
A5102	Bedside drain btl w/wo tube	Commercial
A5105	Urinary suspensory	Commercial
A5112	Urinary leg bag	Commercial
A9270	Non-covered item or service	Commercial
A9999	Dme supply or accessory, nos	Commercial
T4521	Adult size brief/diaper sm	Commercial
T4522	Adult size brief/diaper med	Commercial
T4523	Adult size brief/diaper lg	Commercial
T4524	Adult size brief/diaper xl	Commercial
T4525	Adult size pull-on sm	Commercial
T4526	Adult size pull-on med	Commercial
T4527	Adult size pull-on lg	Commercial
T4528	Adult size pull-on xl	Commercial
T4529	Ped size brief/diaper sm/med	Commercial
T4530	Ped size brief/diaper lg	Commercial
T4531	Ped size pull-on sm/med	Commercial
T4532	Ped size pull-on lg	Commercial
T4533	Youth size brief/diaper	Commercial
T4534	Youth size pull-on	Commercial

T4535	Disposable liner/shield/pad	Commercial
T4536	Reusable pull-on any size	Commercial
T4537	Reusable underpad bed size	Commercial
T4538	Diaper serv reusable diaper	Commercial
T4539	Reuse diaper/brief any size	Commercial
T4540	Reusable underpad chair size	Commercial
T4541	Large disposable underpad	Commercial
T4542	Small disposable underpad	Commercial
T4543	Adult disp brief/diap abv xl	Commercial
T4544	Adlt disp und/pull on abv xl	Commercial
T4545	Incon disposable penile wrap	Commercial
A4217	Sterile water/saline, 500 ml	Medicaid Expansion
A4310	Insert tray w/o bag/cath	Medicaid Expansion
A4311	Catheter w/o bag 2-way latex	Medicaid Expansion
A4312	Cath w/o bag 2-way silicone	Medicaid Expansion
A4313	Catheter w/bag 3-way	Medicaid Expansion
A4314	Cath w/drainage 2-way latex	Medicaid Expansion
A4315	Cath w/drainage 2-way silcne	Medicaid Expansion
A4316	Cath w/drainage 3-way	Medicaid Expansion
A4320	Irrigation tray	Medicaid Expansion
A4321	Cath therapeutic irrig agent	Medicaid Expansion
A4326	Male external catheter	Medicaid Expansion
A4327	Fem urinary collect dev cup	Medicaid Expansion
A4328	Fem urinary collect pouch	Medicaid Expansion
A4331	Extension drainage tubing	Medicaid Expansion
A4332	Lube sterile packet	Medicaid Expansion
A4333	Urinary cath anchor device	Medicaid Expansion
A4334	Urinary cath leg strap	Medicaid Expansion
A4335	Incontinence supply	Medicaid Expansion
A4336	Urethral insert	Medicaid Expansion

A4338	Indwelling catheter latex	Medicaid Expansion
A4340	Indwelling catheter special	Medicaid Expansion
A4341	Iduc valve pat inst repl	Medicaid Expansion
A4342	Iduc valve sply repl	Medicaid Expansion
A4344	Cath indw foley 2 way silcn	Medicaid Expansion
A4346	Cath indw foley 3 way	Medicaid Expansion
A4349	Disposable male external cat	Medicaid Expansion
A4351	Straight tip urine catheter	Medicaid Expansion
A4352	Coude tip urinary catheter	Medicaid Expansion
A4353	Intermittent urinary cath	Medicaid Expansion
A4354	Cath insertion tray w/bag	Medicaid Expansion
A4356	Ext ureth clmp or compr dvc	Medicaid Expansion
A4357	Bedside drainage bag	Medicaid Expansion
A4358	Urinary leg or abdomen bag	Medicaid Expansion
A4455	Adhesive remover per ounce	Medicaid Expansion
A4456	Adhesive remover, wipes	Medicaid Expansion
A4520	Incontinence garment anytype	Medicaid Expansion
A4553	Nondisp underpads, all sizes	Medicaid Expansion
A4554	Disposable underpads	Medicaid Expansion
A4649	Surgical supplies	Medicaid Expansion
A4927	Non-sterile gloves	Medicaid Expansion
A4930	Sterile, gloves per pair	Medicaid Expansion
A5102	Bedside drain btl w/wo tube	Medicaid Expansion
A5105	Urinary suspensory	Medicaid Expansion
A5112	Urinary leg bag	Medicaid Expansion
A9270	Non-covered item or service	Medicaid Expansion
A9999	Dme supply or accessory, nos	Medicaid Expansion
T4521	Adult size brief/diaper sm	Medicaid Expansion
T4522	Adult size brief/diaper med	Medicaid Expansion
T4523	Adult size brief/diaper lg	Medicaid Expansion

T4524	Adult size brief/diaper xl	Medicaid Expansion
T4525	Adult size pull-on sm	Medicaid Expansion
T4526	Adult size pull-on med	Medicaid Expansion
T4527	Adult size pull-on lg	Medicaid Expansion
T4528	Adult size pull-on xl	Medicaid Expansion
T4529	Ped size brief/diaper sm/med	Medicaid Expansion
T4530	Ped size brief/diaper lg	Medicaid Expansion
T4531	Ped size pull-on sm/med	Medicaid Expansion
T4532	Ped size pull-on lg	Medicaid Expansion
T4533	Youth size brief/diaper	Medicaid Expansion
T4534	Youth size pull-on	Medicaid Expansion
T4535	Disposable liner/shield/pad	Medicaid Expansion
T4536	Reusable pull-on any size	Medicaid Expansion
T4537	Reusable underpad bed size	Medicaid Expansion
T4538	Diaper serv reusable diaper	Medicaid Expansion
T4539	Reuse diaper/brief any size	Medicaid Expansion
T4540	Reusable underpad chair size	Medicaid Expansion
T4541	Large disposable underpad	Medicaid Expansion
T4542	Small disposable underpad	Medicaid Expansion
T4543	Adult disp brief/diap abv xl	Medicaid Expansion
T4544	Adlt disp und/pull on abv xl	Medicaid Expansion
T4545	Incon disposable penile wrap	Medicaid Expansion

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4. Liao X, Liu Y, Liang S, Li K. Effects of hydrophilic coated catheters on urethral trauma, microtrauma and adverse events with intermittent catheterization in patients with bladder dysfunction: a systematic review and meta-analysis. *Int Urol Nephrol*. 2022;54(7):1461-1470.

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7. Beeson T, Davis C. Urinary management with an external female collection device. *J Wound Ostomy Continence Nurs.* 2018;45(2):187-189.
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## ND Committee Review

Internal Medical Policy Committee 5-19-2020 Coding update: **Effective July 06, 2020**

- **Added** HCPCS Procedure Code A9270

Internal Medical Policy Committee 1-19-2021 Coding update: **Effective March 1, 2021**

- **Added** Procedure Code T4539

Internal Medical Policy Committee 5-20-2021 Revision **Effective July 5, 2021**

- **Updated** wording throughout policy

Internal Medical Policy Committee 5-24-2022 Annual Review-no changes in criteria

Internal Medical Policy Committee 3-21-2023 Coding update - **Effective April 01, 2023**

- **Added** new codes A4341 and A4342

Internal Medical Policy Committee 7-26-2023 Revision **Effective September 4-2023**

- **Removed** Tables
  - **Table A:** Usual Maximum Medically Necessary Quantity of Supplies, and
  - **Table B:** Supplies for Intermittent Catheterization; and
- **Updated** grammar throughout policy

Internal Medical Policy Committee 7-16-2024 Coding update - **Effective September 02, 2024**

- **Removed** Procedure Code A4357 from Diagnosis code list; and
- **Added** Policy Application

## Disclaimer

*Current medical policy is to be used in determining a Member's contract benefits on the date that services are rendered. Contract language, including definitions and specific inclusions/exclusions, as well as state and federal law, must be considered in determining eligibility for coverage. Members must consult their applicable benefit plans or contact a Member Services representative for specific coverage information. Likewise, medical policy, which addresses the issue(s) in any specific case, should be considered before utilizing medical opinion in*

*adjudication. Medical technology is constantly evolving, and the Company reserves the right to review and update medical policy periodically.*