



Health & Human Services

UROLOGICAL SUPPLIES

Service Authorization: No

DURABLE MEDICAL EQUIPMENT MANUAL

COVERAGE AND LIMITATION CRITERIA AND POLICIES

EFFECTIVE: March 2007

REVISED: December 2025

UROLOGICAL SUPPLIES

Indications and limitations of coverage appropriateness:

Coverage allowed if the following conditions are present:

- Permanent urinary incontinence, or
- Permanent urinary retention.

Only when the catheter or external urinary collection device meets the coverage criteria will the supplies necessary for effective use be covered.

No more than one catheter per month is covered for routine catheter maintenance. Non-routine catheter changes are covered when documentation substantiates medical necessity (e.g., catheter is accidentally removed, malfunction, obstruction).

Leg bag (A4358 or A5112) are indicated for members who are ambulatory or are chair or wheelchair bound. The use of both is not medically necessary.

Review the [Procedure Code Look-Up Tool](#) for a code's quantity allowables.

Documentation Requirements:

- A prescription from a prescribing practitioner.
- Medical documentation supporting the need.
- Physician/practitioner exam within 90 days of the service authorization start date.



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Date Revised

Revisions

March 1, 2019

Reviewed and reformatted to new DME policy format. Added Documents section.

December 29, 2022

Reviewed and reformatted. Added new logo. Documentation Requirement section replaced 60 with 90.

December 12, 2023

Reviewed and reformatted.

December 18, 2025

Reviewed and reformatted. Removed the "CMN" verbiage from the header section. Added the Procedure Code Look-Up Tool link to the Indications and limitations of coverage appropriateness section.