



June 26, 2023

SUBMITTED ELECTRONICALLY

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

Re: Letter in Support of Intermittent Catheter Coding Reform

Dear Administrator Brooks-LaSure:

The undersigned members of the Independence Through Enhancement of Medicare and Medicaid (ITEM) Coalition write to urge you and your colleagues at the Centers for Medicare and Medicaid Services (CMS) to adopt a more refined Healthcare Common Procedure Coding System (HCPCS) code set for intermittent catheters to ensure that individuals with disabilities and chronic conditions have access to the catheter that best meets their unique medical and functional needs. The ITEM Coalition is a national consumer- and clinician-led coalition of 95 nonprofit organizations advocating for access to and coverage of assistive devices and technologies for persons with injuries, illnesses, disabilities, and chronic conditions of all ages.

An intermittent catheter is a medical device that is prescribed when an individual is unable to empty their bladder or adequately control the process of urination. Intermittent catheters drain the bladder through the use of a tube that is inserted into the urethra and removed after the urine is drained. Individuals with bladder dysfunction due to disabilities and chronic conditions such as spinal cord injury (SCI), Parkinson's disease, Spina Bifida, and Multiple Sclerosis rely on intermittent catheters to void urine and maintain urological health.

In determining the intermittent catheter that most appropriately meets the unique medical and functional needs of each patient, the prescribing practitioner must evaluate numerous clinical factors, including the patient's diagnosis, comorbidities, internal clinical anomalies, dexterity, history of urinary tract infections, cognitive status, mobility, level of immunity, ability to perform activities of daily living, gender, and setting of care. These factors influence the selection of catheter features needed to ensure successful catheterizations without medical complications or pain. These features include protective elements (sleeve, protective grip, etc.), hydrophilic technology, pre-coated with gel-lubrication, various shaped tips, firmness, compact size, and packaging considerations.

It is critically important that features of prescribed intermittent catheters align with the clinical and functional needs of patients. This clinical alignment is recognized in clinical literature and forms the standard of care for treating patients with urinary tract dysfunction.

Despite this wide variety of intermittent catheter features, only three HCPCS codes (A4351, A4352 and A4353) exist to describe over 1,300 intermittent urinary catheters. Without more specific product identifiers, it is exceedingly difficult to appropriately describe the unique features of catheters that are required for proper catheterization. The lack of nuance in the code set hinders prescribing practices, which leads to patients receiving catheters that do not meet their needs. The overly broad code set also undermines efforts to develop evidence-based treatment and complicates research involving intermittent catheters.

The current HCPCS code set also creates health inequities among individuals with disabilities and chronic conditions. Individuals with more severe or complex disabilities or chronic illnesses are more likely to require distinct intermittent catheter features. However, because the existing code set does not adequately identify those distinct features, these individuals are at a higher risk of receiving a more generic catheter, which may result in painful catheterization, infection, and other medical complications.

Lastly, the poorly articulated HCPCS code set describing intermittent catheters leads to payers not being able to properly identify exactly what products are being billed under each code. As a result, certain commercial payers and Medicaid programs have been forced to develop additional coding policies to better identify different types of intermittent catheters. The lack of specificity in the code set renders payers largely unable to know exactly what they are paying for, raising program integrity concerns.

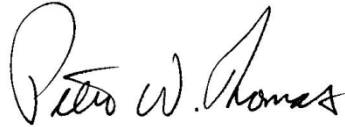
A proposal to convert the existing three HCPCS codes for intermittent catheters into a more refined set of 19 HCPCS codes was submitted to the HCPCS Workgroup last Fall. This proposal was submitted by AAHomecare, an ITEM Coalition member, and supported by numerous disability organizations who are key leaders in the ITEM Coalition. Thus far, CMS has requested additional information but has not pressed forward with a decision on this comprehensive coding application.

The ITEM Coalition strongly believes that CMS must reform the current HCPCS code set for intermittent catheters to better reflect advancement in technology design, promote the agency's goal of increasing health equity, ensure that patients receive medically appropriate intermittent catheters, facilitate the development of research and evidence-based guidance, and provide greater accountability in claims processing. To that end, we urge CMS to discontinue A4351, A4352, and A4353 and replace those codes with a more refined code set that differentiates between different products based on materials, function, purpose, and specific features. A more precise code set will allow prescribers to better identify catheter features that align with the patients' exact medical and functional needs.

We look forward to working with CMS to ensure that patients have access to medically necessary intermittent catheters. Thank you for your consideration of our request. If you have

any questions regarding this matter, please contact Peter Thomas, ITEM Coalition Co-Coordinator, by email at Peter.Thomas@PowersLaw.com.

Sincerely,



Peter W. Thomas, JD
ITEM Coalition Coordinator

On Behalf of the Following ITEM Coalition Members

Access Ready

ACCSES

Alexander Graham Bell Association for the Deaf and Hard of Hearing

American Association for Homecare

American Association on Health and Disability

American Cochlear Implant Alliance

American Congress of Rehabilitation Medicine

American Occupational Therapy Association

Amputee Coalition*

Association of Rehabilitation Nurses

Autistic Women & Nonbinary Network

Buoniconti Fund to Cure Paralysis

Center for Medicare Advocacy

Chris and Dana Reeve Foundation*

Institute for Matching Person & Technology

Lakeshore Foundation

Miami Project to Cure Paralysis

Muscular Dystrophy Association

National Association for the Advancement of Orthotics and Prosthetics

National Association of Councils on Developmental Disabilities

National Association of Rehabilitation Providers and Agencies

National Association of Rehabilitation Research and Training Centers

National Registry of Rehabilitation Technology Suppliers

Paralyzed Veterans of America

RESNA

Simon Foundation for Continence

Spina Bifida Association*

The Viscardi Center

United Cerebral Palsy

United Spinal Association*

Indicates ITEM Coalition Steering Committee Member*