

Medicare Part B

Urology Allowable Amounts & Guidelines



| Supply Type | Coverage Criteria | Allowable Amount |
|---|--|--|
| Adhesive Catheter Anchoring Device | | 12 each per month |
| Adhesive Strips | Not covered for use on condom catheters with adhesive. | |
| Appliance Cleaner | Covered for use on bedside drainage bottles and latex urinary leg bags only. | 16 ounces per month |
| Bedside Drainage Bag | | 2 each per month |
| Bedside Drainage Bottle | | 1 each every 90 days |
| Catheter Tray, foley | | 1 each per month |
| Catheter Tray Intermittent | Sterile procedures require additional documentation on patient's status and usage requirements. | 1 each per episode of sterile technique |
| Extension Tubing | Covered only for use with a latex urinary leg bag. | Not covered separately |
| Female Urinary Collection Device | | 4 each per month |
| Female Urinary Collection Pouch | | 30 each per month |
| Foley Catheter | <p>Medical Justification for more than one Foley include:</p> <ul style="list-style-type: none"> • History of recurrent obstruction or urinary tract infection for which it has been established that an acute event is prevented by a scheduled change at intervals of less than one per month. • Catheter is accidentally removed, i.e., pulled out by patient. • Malfunction of the Foley catheter, i.e., balloon doesn't stay inflated, hole in catheter. • Encrustation, mucus plug or blood clot obstructs catheter. | 1 each per month |
| Intermittent Catheter | <p>Straight or coude tip. Hydrophilic and closed system catheter kits require medical justification. Medical justification includes:</p> <ul style="list-style-type: none"> • The patient has had recurrent urinary tract infections (twice within 12 months) | 200 each per month 200 each sterile lube package |
| Irrigation Solutions | Covered only for non-routine irrigation | |
| Irrigation Tubing Set | | 30 each per month |
| KY Jelly Lubricant | Covered for the insertion of an intermittent catheter. Not covered if purchasing intermittent tray. | 4 ounce tube covered, non-sterile technique 1 each sterile lube packet per episode, sterile technique |
| Leg Strap Foley | | 1 each per month |
| Male External Catheters | | 35 each per month |
| Specialty Male External Condom Catheters | Needs medical justification | Not specified |
| Tape | Covered (1/2"x 10 yards or 1"x 5 yards) when used to secure a Foley. | 1 roll per month |
| Urinary Leg Bag Latex | | 1 each per month |
| Urinary Leg Bag Vinyl | | 2 each per month |

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Note: Monthly allowable amounts represent minimum/standard benefits. Monthly maximum limits may be exceeded when medically justified and approved by Medicare. Example: A patient who has had two UTIs within a 12 month period with a documented culture and concurrent symptom may have 200 closed system catheter kits or hydrophilic catheters per month. Patients without this documentation are allowed 200 straight catheters. [Click here](#) to find specific guidelines to take to your doctor.