

Medical Policy



Urological Supplies

▼ Description

Urinary catheters and external urinary collection devices are designed to drain or collect urine for an individual who has permanent urinary incontinence or permanent urinary retention. Permanent urinary retention is defined as retention that is not expected to be medically or surgically corrected in an individual within three months.

▼ Policy

Urological supplies are covered as long as they are **medically necessary** and Member meets coverage criteria.

▼ Policy Guidelines

Coverage Criteria:

1. Must be ordered by the Member's treating physician.
2. General:
 - a. The medical necessity for use of a greater quantity of supplies than the amounts specified in this policy must be well documented and available upon request.

Indwelling Catheters (A4311 - A4316, A4338 - A4346):

No more than one catheter per month is considered reasonable and necessary for routine catheter maintenance. Non-routine catheter changes are considered reasonable and necessary when documentation substantiates medical necessity, such as for the following indications:

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

A **specialty indwelling catheter** (A4340) or an all silicone catheter (A4344, A4312, or A4315) is considered reasonable and necessary when the criteria for an indwelling catheter (above) are met and there is documentation in the Member's medical record to justify the medical need for that catheter (such as recurrent encrustation, inability to pass a straight catheter, or sensitivity to latex (not all inclusive)). In addition, the particular catheter must be necessary for the Member. For example, use of a Coude (curved) tip indwelling catheter (A4340) in female Members is rarely reasonable and necessary. If documentation is requested and does not substantiate medical necessity requests for A4340, A4344, A4312, or A4315 will be considered not reasonable and necessary.

A **three way indwelling catheter** either alone (A4346) or with other components (A4313 or A4316) will be considered reasonable and necessary only if continuous catheter irrigation is reasonable and necessary. (Refer to the section "Continuous Irrigation of Indwelling Catheters" for indications for continuous catheter irrigations.) In other situations, A4346, A4313 and A4316 will be considered not reasonable and necessary.

Catheter Insertion Tray (A4310-A4316, A4353, and A4354):

One insertion tray will be considered reasonable and necessary per episode of indwelling catheter insertion. More than one tray per episode will be considered not reasonable and necessary.

A urinary intermittent catheter with insertion supplies (A4353) is a kit, which includes a catheter and all supplies necessary for sterile insertion. Code A4353 may be used if either 1 or 2 is supplied:

1. A sterile intermittent urinary catheter plus a separately packaged sterile kit of insertion/collection supplies; or,
2. A single sterile package containing both a catheter and all insertion/collection supplies.

The insertion kit (A4353) contains a catheter, (may be packaged separately from the other components), lubricant, gloves antiseptic solution, applicators, drape, and a tray or bag in a sterile package intended for single use. The collection tray/bag is a separate item included as part of the kit; therefore, materials that serve as non-sterile packaging to contain all of the items in the kit do not meet this requirement. Except as noted in 1 above, code A4353 must not be billed if individual insertion kit components are provided as separate items. When providing a sterile kit, the individual components must not be separately billed.

Urinary Drainage Collection System (A4314-A4316, A4354, A4357, A4358, A5102, and A5112):

- a. Payment will be made for routine changes of the urinary drainage collection system as noted below. Additional charges will be allowed for reasonable and necessary non-routine changes when the documentation substantiates the medical necessity, (e.g., obstruction, sludging, clotting of blood, or chronic, recurrent urinary tract infection).
- b. **Leg bags** are indicated for Members who are ambulatory or are chair or wheelchair bound. The use of leg bags for bedridden Members would be considered not reasonable and necessary.

Usual Maximum Quantity of Supplies

Procedure Code	Quantity per Month
A4314	1 or per specific state guidelines
A4315	1 or per specific state guidelines
A4316	1 or per specific state guidelines
A4354	1 or per specific state guidelines
A4357	2 or per specific state guidelines
A4358	2 or per specific state guidelines
A5112	1 or per specific state guidelines

Procedure Code	Quantity Every 3 Months
A5102	1 or per specific state guidelines

If there is a catheter change (A4314-A4316, A4354) and an additional drainage bag (A4357) change within a month, the combined utilization for A4314-A4316, A4354, and A4357 should be considered when determining if additional documentation should be submitted. For example, if 1 unit of A4314 and 1 unit of A4357 are provided, this should be considered as two drainage bags, which is the usual maximum quantity of drainage bags needed for routine changes.

Payment will be made for either a vinyl leg bag (A4358) or a latex leg bag (A5112). The use of both is not reasonable and necessary.

The medical necessity for drainage bags containing gel matrix or other material which are intended to be disposed of on a daily basis has not been established. Requests for this type of bag will be considered not reasonable and necessary.

Intermittent Irrigation of indwelling Catheters:

Supplies for the intermittent irrigation of an indwelling catheter are considered reasonable and 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 will be considered not reasonable and necessary since they are of no proven value. Routine irrigations are defined as those performed

at predetermined intervals. In individual cases, a copy of the order for irrigation and documentation in the member's medical record of the presence of acute catheter obstruction may be requested when irrigation supplies are requested. Covered supplies for reasonable and necessary non-routine irrigation of a catheter include either an irrigation tray (A4320) or an irrigation syringe (A4322), and sterile water/saline (A4217). When syringes, trays, sterile saline, or water are used for routine irrigation, they will be considered not reasonable and necessary since routine intermittent irrigations are not reasonable and necessary since they are of no proven value. Irrigation solutions containing antibiotics and chemotherapeutic agents (A9270) are considered experimental and investigational since their value is unproven. Irrigating solutions such as acetic acid or hydrogen peroxide, which are used for the treatment or prevention of urinary obstruction (A4321), will be considered not reasonable and necessary since they are of no proven value.

Continuous Irrigation of Indwelling Catheters:

Supplies for continuous irrigation of a catheter are reasonable and necessary if there is a history of obstruction of the catheter and the patency of the catheter cannot be maintained by intermittent irrigation in conjunction with reasonable and necessary catheter changes. Continuous irrigation as a primary preventive measure (i.e., no history of obstruction) will be considered not reasonable and necessary since it has not been proven to be of benefit. Documentation must substantiate the medical necessity of catheter irrigation and in particular continuous irrigation as opposed to intermittent irrigation. The records must also indicate the rate of solution administration and the duration of need. This documentation must be available upon request.

Covered supplies for reasonable and necessary continuous bladder irrigation include a 3-way Foley catheter (A4313, A4316, and A4346), irrigation tubing set (A4355), and sterile water/saline (A4217). More than one irrigation tubing set per day for continuous catheter irrigation will be considered not reasonable and necessary.

Irrigation solutions containing antibiotics and chemotherapeutic agents (A9270) are considered experimental and investigational since their value is unproven. Sterile water or sterile saline (A4217) are considered medically necessary for use as irrigation solutions.

Continuous irrigation is a temporary measure. Continuous irrigation for more than 2 weeks is rarely reasonable and necessary. The member's medical records should indicate this medical necessity and these medical records must be available upon request.

Intermittent Catheterization:

Intermittent catheterization is reasonable and necessary when basic coverage criteria are met and the Member or caregiver can perform the procedure.

For each episode of covered catheterization,

- A. One catheter (A4351, A4352) and an individual packet of lubricant (A4332); or
- B. One sterile intermittent catheter kit (A4353) if additional coverage criteria (see below) are met.

Intermittent catheterization using sterile intermittent catheter kit (A4353) is covered when the member requires catheterization and the member meets one of the following criteria (1-5):

1. The member resides in a nursing facility
2. The member is immunosuppressed, for example (not all-inclusive):
 - i. on a regimen of immunosuppressive drugs post-transplant,
 - ii. on cancer chemotherapy,
 - iii. has AIDS,
 - iv. has a drug-induced state such as chronic oral corticosteroid use
3. The member has radiologically documented vesico-ureteral reflux while on a program of intermittent catheterization,
4. The member is a spinal cord injured female with neurogenic bladder that is pregnant (for duration of pregnancy only)
5. The member has had distinct, recurrent urinary tract infections, while on a program of sterile intermittent catheterization with A4351/A4352 and sterile lubricant A4332, twice within the 12-month prior to the initiation of sterile intermittent catheter kits.

A Member would be considered to have a urinary tract infection if they have a urine culture with greater than 10,000 colony forming units of a urinary pathogen AND concurrent presence of one or more of the following signs, symptoms or laboratory findings:

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

HCPC CODE	NUMBER PER MONTH
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A4332	200 or per specific state guidelines
A4351	200 or per specific state guidelines
A4352	200 or per specific state guidelines

Use of a Coude (curved) tip catheter (A4352) in female Members is rarely medically necessary. When a Coude tip catheter is used, (either male or female Members), there must be documentation in the member's medial record of the medical necessity for that catheter rather than a straight tip catheter. An example would be the inability to catheterize with a straight tip catheter. This documentation must be available upon request. If documentation is requested and does not substantiate medical necessity, requests will be considered as not reasonable and necessary.

External Catheters/Urinary Collection Devices:

Male external catheters (condom-type) or female external urinary collection devices are covered for Members who have permanent urinary incontinence when used as an alternative to an indwelling catheter.

The utilization of male external catheters (A4349) generally should not exceed 35 per month, or specific state guidelines. Greater utilization of these devices must be accompanied by documentation of medical necessity.

Male external catheters (condom-type) or female external urinary collection devices will be considered not reasonable and necessary when ordered for Members who also use an indwelling catheter.

Specialty type male external catheters (A4326) such as those that inflate or that include a faceplate or extended wear catheter systems are considered reasonable and necessary only when documentation substantiates the medical necessity for such a catheter. If documentation does not justify the medical need requests will be considered not reasonable and necessary.

For female external urinary collection devices, more than one meatal cup (A4327) per week or more than one pouch (A4328) per day will be considered not reasonable and necessary.

Miscellaneous Supplies:

Appliance cleaner (A5131) is considered reasonable and necessary when used to clean the inside of certain urinary collecting appliances (A5102, A5105, A5112). More than one unit of service (16 oz.) per month is rarely reasonable and necessary.

One external urethral clamp or compression device (A4356) is considered reasonable and necessary every 3 months or sooner if the rubber/foam casing deteriorates.

Tape (A4450, A4452) which is used to secure an indwelling catheter to the Member's body is considered reasonable and necessary. More than 10 units (1 unit = 18 sq. in.; 10 units = 180 sq. in. = 5 yds. of 1 inch tape) per month (or per specific state guidelines) will be considered not reasonable and necessary.

Adhesive catheter anchoring devices (A4333) and catheter leg straps (A4334) for indwelling urethral catheters are considered reasonable and necessary. More than 3 per week of A4333 or 1 per month of A4334 (or per specific state guidelines) will be considered not reasonable and necessary.

Urethral inserts (A4336) are considered reasonable and necessary for adult females with stress incontinence (ICD-10 N39.3) when basic coverage criteria are met and the member or caregiver can perform the procedure. They are not indicated for women:

- With bladder or other urinary tract infections (UTI)
- With a history of urethral stricture, bladder augmentation, pelvic radiation or other conditions where urethral catheterization is not clinically advisable.
- Who are immunocompromised, at significant risk from UTI, interstitial cystitis, or pyelonephritis, or who have severely compromised urinary mucosa
- Unable to tolerate antibiotic therapy
- On anticoagulants
- With overflow incontinence or neurogenic bladder

Limitations:

1. The treating physician's order must include the type of supplies ordered and the approximate quantity to be used per unit of time.
2. When requesting quantities of supplies greater than those described in the policy as the usual maximum amounts, the provider must obtain information supporting the medical necessity for the higher utilization. The medical necessity documentation must be submitted with the request.
3. General:
 - a. If the catheter or the external urinary collection device meets the coverage criteria then the related supplies that are necessary for their effective use are also considered reasonable and necessary. Urological supplies that are used for purposes not related to the covered use of catheters or external urinary collection devices (i.e., drainage and/or collection of urine from the bladder) will be considered not reasonable and necessary.

- b. The Member must have a permanent impairment of urination. This does not require a determination that there is no possibility that the Member's condition may improve sometime in the future. If the medical record, including the judgment of the attending physician, indicates the condition is of long and indefinite duration (ordinarily at least 3 months), the test of permanence is considered met. Catheters and related supplies will be considered not reasonable and necessary in situations in which it is expected that the condition will be temporary.
- c. The use of a urological supply for the treatment of chronic urinary tract infection or other bladder condition in the absence of permanent urinary incontinence is generally not reasonable or necessary.

Exclusions (for Commercial and Medicare Members – may or may not be applicable to NH Medicaid which is determined by state guidelines):

Other supplies used in the management of incontinence, including but not limited to the following items, will be considered not reasonable and necessary because they are not prosthetic devices nor are they required for the effective use of a prosthetic device:

- i. Creams, salves, lotions, barriers (liquid, spray, wipes, powder, paste) or other skin care products (A6250)
- ii. Catheter care kits (A9270)
- iii. Adhesive remover or solvent (for tape, cement or other adhesive) per ounce. (A4455). Adhesive remover, wipes, any type, each (A4456).
- iv. Catheter clamp or plug (A9270)
- v. Disposable underpads, e.g., Chux (A4554)
- vi. Diapers, or incontinent garments, disposable or reusable (A4520)
- vii. Drainage bag holder or stand (A9270)
- viii. Urinary suspensory without leg bag (A9270)
- ix. Measuring container (A9270)
- x. Urinary drainage tray (A9270)
- xi. Gauze pads (A6216 - A6218) and other dressings when used with urological supplies.
- xii. Other incontinence products not directly related to the use of a covered urinary catheter or external urinary collection device (A9270)
- xiii. Disposable external urethral clamp or compression device, with pad and/or pouch (A4360).

▼ Coding Guidelines

Payment for items listed in Column II are included in the payment for the Column I code. In the following table, when providing the items listed in Column II, the

Column I code must be used instead of billing separate Column II codes when the items are provided at the same time.

Column I	Column II
A4310	A4332
A4311	A4310, A4332, A4338
A4312	A4310, A4332, A4344
A4313	A4310, A4332, A4346
A4314	A4310, A4311, A4331, A4332, A4338, A4354, A4357
A4315	A4310, A4312, A4331, A4332, A4344, A4354, A4357
A4316	A4310, A4313, A4331, A4332, A4346, A4354, A4357
A4354	A4310, A4331, A4332, A4357
A4357	A4331
A4358	A4331, A5113, A5114
A5105	A4331, A4358, A5112, A5113, A5114
A5112	A5113, A5114

▼ HCPCS Level II Codes and Description

A4217 STERILE WATER/SALINE, 500 ML

A4310 INSERTION TRAY WITHOUT DRAINAGE BAG AND WITHOUT CATHETER (ACCESSORIES ONLY)

A4311 INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC, ETC.)

A4312 INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE

A4313 INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION

A4314 INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC, ETC.)

A4315 INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE

- A4316 INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION
- A4320 IRRIGATION TRAY WITH BULB OR PISTON SYRINGE, ANY PURPOSE
- A4321 THERAPEUTIC AGENT FOR URINARY CATHETER IRRIGATION
- A4322 IRRIGATION SYRINGE, BULB OR PISTON, EACH
- A4326 MALE EXTERNAL CATHETER WITH INTEGRAL COLLECTION CHAMBER, ANY TYPE, EACH
- A4327 FEMALE EXTERNAL URINARY COLLECTION DEVICE; MEATAL CUP, EACH
- A4328 FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH, EACH
- A4331 EXTENSION DRAINAGE TUBING, ANY TYPE, ANY LENGTH, WITH CONNECTOR/ADAPTOR, FOR USE WITH URINARY LEG BAG OR UROSTOMY POUCH, EACH
- A4332 LUBRICANT, INDIVIDUAL STERILE PACKET, EACH
- A4333 URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT, EACH
- A4334 URINARY CATHETER ANCHORING DEVICE, LEG STRAP, EACH
- A4335 INCONTINENCE SUPPLY; MISCELLANEOUS
- A4336 INCONTINENCE SUPPLY, URETHRAL INSERT, ANY TYPE, EACH
- A4338 INDWELLING CATHETER; FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHILIC, ETC.), EACH
- A4340 INDWELLING CATHETER; SPECIALTY TYPE, EG; COUDE, MUSHROOM, WING, ETC.), EACH
- A4344 INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE, EACH
- A4346 INDWELLING CATHETER; FOLEY TYPE, THREE WAY FOR CONTINUOUS IRRIGATION, EACH
- A4349 MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE, EACH
- A4351 INTERMITTENT URINARY CATHETER; STRAIGHT TIP, WITH OR WITHOUT COATING (TEFLON, SILICONE, SILICONE ELASTOMER,

- OR HYDROPHILIC, ETC.), EACH
- A4352 INTERMITTENT URINARY CATHETER; COUDE (CURVED) TIP, WITH OR WITHOUT COATING (TEFLON, SILICONE, SILICONE ELASTOMERIC, OR HYDROPHILIC, ETC.), EACH
- A4353 INTERMITTENT URINARY CATHETER, WITH INSERTION SUPPLIES
- A4354 INSERTION TRAY WITH DRAINAGE BAG BUT WITHOUT CATHETER
- A4355 IRRIGATION TUBING SET FOR CONTINUOUS BLADDER IRRIGATION THROUGH A THREE-WAY INDWELLING FOLEY CATHETER, EACH
- A4356 EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE (NOT TO BE USED FOR CATHETER CLAMP), EACH
- A4357 BEDSIDE DRAINAGE BAG, DAY OR NIGHT, WITH OR WITHOUT ANTI-REFLUX DEVICE, WITH OR WITHOUT TUBE, EACH
- A4358 URINARY DRAINAGE BAG, LEG OR ABDOMEN, VINYL, WITH OR WITHOUT TUBE, WITH STRAPS, EACH
- A4360 DISPOSABLE EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE, WITH PAD AND/OR POUCH, EACH (non-covered).
- A4402 LUBRICANT, PER OUNCE
- A4450 TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES
- A4452 TAPE, WATERPROOF, PER 18 SQUARE INCHES
- A4455 ADHESIVE REMOVER OR SOLVENT (FOR TAPE, CEMENT OR OTHER ADHESIVE), PER OUNCE
- A4456 ADHESIVE REMOVER, WIPES, ANY TYPE, EACH
- A4520 INCONTINENCE GARMENT, ANY TYPE, (E.G. BRIEF, DIAPER), EACH
- A4554 DISPOSABLE UNDERPADS, ALL SIZES
- A5102 BEDSIDE DRAINAGE BOTTLE WITH OR WITHOUT TUBING, RIGID OR EXPANDABLE, EACH
- A5105 URINARY SUSPENSORY; WITH LEG BAG, WITH OR WITHOUT TUBE, EACH
- A5112 URINARY LEG BAG; LATEX
- A5113 LEG STRAP; LATEX, REPLACEMENT ONLY, PER SET
- A5114 LEG STRAP; FOAM OR FABRIC, REPLACEMENT ONLY, PER SET
- A5131 APPLIANCE CLEANER, INCONTINENCE AND OSTOMY

APPLIANCES, PER 16 OZ.

A5200 PERCUTANEOUS CATHETER/TUBE ANCHORING DEVICE,
ADHESIVE SKIN ATTACHMENT

A9270 NON-COVERED ITEM OR SERVICE

KX and GY MODIFIERS (if applicable):

(If modifiers are utilized) the provider must add a KX modifier to a code only if the order indicates that the member has permanent urinary incontinence or urinary retention, and if the item is a catheter, an external urinary collection device, or a supply used with one of these items.

If all the criteria in the related Policy article are not met, the GY modifier must be added to the code.

Claims lines billed without a KX or GY modifier will be rejected as missing information.

▼ Important Note:

Northwood's Medical Policies are developed to assist Northwood in administering plan benefits and determining whether a particular DMEPOS product or service is reasonable and necessary. Equipment that is used primarily and customarily for a non-medical purpose is not considered durable medical equipment.

Coverage determinations are made on a case-by-case basis and are subject to all of the terms, conditions, limitations, and exclusions of the member's contract including medical necessity requirements.

The conclusion that a DMEPOS product or service is reasonable and necessary does not constitute coverage. The member's contract defines which DMEPOS product or service is covered, excluded or limited. The policies provide for clearly written, reasonable and current criteria that have been approved by Northwood's Medical Director.

The clinical criteria and medical policies provide guidelines for determining the medical necessity for specific DMEPOS products or services. In all cases, final benefit determinations are based on the applicable contract language. To the extent there are any conflicts between medical policy guidelines and applicable contract language, the contract language prevails. Medical policy is not intended to override the policy that defines the member's benefits, nor is it intended to dictate to providers how to direct care. Northwood Medical policies shall not be interpreted to limit the benefits afforded to Medicare or Medicaid members by law and regulation and Northwood will use the applicable state requirements to determine required quantity limit guidelines.

Northwood's policies do not constitute medical advice. Northwood does not provide or recommend treatment to members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

▼ References

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2. National Government Services, Inc. Urological Supplies. Local Coverage Determination No. L33803. Durable Medical Equipment Medicare Administrative Carrier Jurisdiction B; revised October 1, 2015.
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Applicable URAC Standard

Core 8	Staff operational tools and support
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Change/Authorization History

Revision Number	Date	Description of Change	Prepared / Reviewed by	Approved by	Review Date:
A	11-20-06	Initial Release	Rosanne Brugnani	Ken Fasse	n/a
01		Changed HCPC code description for A5105	Susan Glomb	Ken Fasse	01
02	12-08	Annual Review	Susan Glomb	Ken Fasse	Dec.2008
03	12-01-09	Revised: additional quantity statements for tape, anchoring devices and leg bag straps. Removed instructions for additional quantity. Clarified: A4353. (Catheter with insertion tray and supplies. One per episode).	Susan Glomb	Ken Fasse	
04		Annual Review/ no changes	Susan Glomb	Ken Fasse	12-22-09
05	01-05-10	Added :A4336; incontinent supply, urethral insert, any type, each . A4360; Disposable external urethral clamp or compression device, with pad and/or pouch, each (non-covered) A4456; Adhesive remover, wipes, any type, each Discontinued codes: A4365; adhesive remover wipes, any type per 50	Susan Glomb	Ken Fasse	
06		Annual Review – No changes	Susan Glomb	Ken Fasse	12-08-10
07	01-20-11	Deleted: Least costly alternative language for multiple codes. Revised: Coverage of A4336. Added: A5105 to list of codes used with A5131. ICD-9 codes that support medical necessity Added: 625.6 for HCPCS A4336	Susan Glomb	Dr. B. Almasri	Jan.2011

08	02-15-11	Revised A4353 definition. Deleted: A4353 from table.	Susan Glomb	Dr. B. Almasri	Feb.2011
09	07-20-11	Added Important Note to all Medical Policies	Susan Glomb	Dr. B. Almasri	
10	12-09-11	Annual Review. Added References to Policy	Susan Glomb	Dr. B. Almasri	Dec. 2011
11	12.29.11	Added additional references to policy	Susan Glomb	Dr. B. Almasri	Dec. 2011
12	12-3-12	Annual Review – No changes	Susan Glomb	Dr. B. Almasri	Dec 12
13	12-30-13	Annual review. No changes	Susan Glomb	Dr. B. Almasri	
14	12-03-15	Annual Review. Updated Medicare reference and ICD-10 code. Added coding guidelines.	Lisa Wojno	Dr. B. Almasri	December 2015