



February 7, 2024

Nevada Medicaid Web Announcement 3276

Attention Provider Type 33 (Durable Medical Equipment, Prosthetics, Orthotics and Supplies): Catheter Procedure Codes Limitation

Effective on claims with dates of service on or after February 5, 2024, the service limitation for the following catheter procedure codes is 200 units per rolling month with no prior authorization required:

- A4351 (Straight tip urine catheter)
- A4352 (Coude [curved] tip urinary catheter)
- A4353 (Intermittent urinary catheter)

Policy Note: The insertion kit (A4353) contains a catheter, lubricant, gloves, antiseptic solution, applicators, a drape, and a collection tray/bag in a sterile package intended for single use. A4353 is only considered medically necessary when a patient has had distinct, recurrent urinary tract infections while on a program of sterile intermittent catheterization with A4351 twice within the 12 months prior to the initiation of A4353.

No claims will be reprocessed automatically as this limitation is a go-forward change.