



Submitted via Electronic Mail

December 5, 2014

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Re: MCD_NHO_Comment_Process_PTP_10.30.2014

The files referenced above are limited to proposed edits for urological supplies and appear to relate to accessory items that may be billed with one or more types of urinary catheter.

Many patients utilize more than one type of urological supply. For example, a person may need to utilize an intermittent catheter (A4351, A4352 or A4353) several times throughout the day to completely empty their bladder. They may also have continuous bladder leakage necessitating the use of an external male catheter (A4349).

A single claim may include A4351, A4349 and A4357 (bedside drainage bag). While the bedside drainage bag is not appropriate for use with an intermittent catheter, it is appropriate for use with an external male catheter. It appears the proposal would result in the denial of A4357 simply due to the presence of A4351 on the claim.

Some of the proposed edits, such as the denial of a male external catheter for a female beneficiary or a combination of male and female devices, are appropriate in all cases. Other items such as irrigation supplies and collection devices will not correlate to a medically unlikely denial on a one-to-one basis.

It is unclear how CMS anticipates instructing Medicaid programs to implement the proposed edits. If implemented in a manner that will create denials on particular column 2 HCPCS simply for being present on the same claim with one from column 1, it is an unworkable proposal. Because MUEs typically operate in this manner, many of the recommendations will likely create the unintentional consequence of prohibiting payment for a medically necessary item.

As a result, the proposed list has been updated to include a column indicating when a denial would always be appropriate. In all other cases, because the product indicated in Column 2 may be being used in a medically appropriate manner for another item in the Column 1 list, it is recommended that no MUE be placed on these combinations.

The MUE recommendations proposed here are based on coverage and policy criteria associated with Medicare. State Medicaid programs have very different patient populations and urological supply needs. It would be inappropriate to place MUE edits on Medicaid programs that reflect Medicare coverage criteria.

Thank you for the opportunity to comment. Please feel free to contact me with any additional questions or concerns, (202)372-0750, Kimb@aahomecare.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Kimberley S. Brummett". The signature is cursive and somewhat stylized.

Kimberley S. Brummett, MBA
Vice President of Regulatory Affairs
American Association for Homecare