

Criteria Checklist
Alabama Medicaid Agency
Straight Tip Catheters
For Medicaid eligible recipients or all ages

PREREQUISITE CRITERIA *All of the following must be met with supporting documentation:*

- Medicaid eligible
- Current EPSDT screening (if applicable)

CRITERIA FOR INTERMITTENT CATHETERIZATION *One of the following must be met with supporting documentation:*

- Patient is immunosuppressive
- Patient has radiologically documented vesico-urteral reflux while on the program of intermittent catheterization
- Patient is a spinal cord injured female with neurogenic bladder who is pregnant (for duration of pregnancy)
- Patient has had distinct, recurrent urinary tract infections, while on a program of intermittent catheterization with A4351/A4552 and A4349 twice within the 12 months prior to the initiation of sterile intermittent catheter kits.

LIMITATIONS

Catheters will be limited to 150 for children and 31 for adults per month.

PROCEDURE CODES

A4351, A4352, A4353, A4349

**Documentation may include notes from the patient chart and patient medical records.*