

# Urinary Drainage Bags (NCD 230.17)

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[Terms and Conditions](#)

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<p><b>Related Medicare Advantage Policy Guidelines</b></p> <ul style="list-style-type: none"> <li><a href="#">Urological Supplies</a></li> <li><a href="#">KX Modifier</a></li> </ul>
<p><b>Related Medicare Advantage Coverage Summary</b></p> <ul style="list-style-type: none"> <li><a href="#">Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics Non-Foot Orthotics and Medical Supplies Grid</a></li> </ul>

## Policy Summary

[See Purpose](#)

### Overview

Urinary drainage bags that can be used either as bedside or leg drainage bags may be either multi-use or single use systems. Both the single use and the multi-use bags have a system that prevents urine backflow. However, the single use system is non-drainable.

### Guidelines

Retention system and urinary collection are covered as prosthetic devices that replace bladder function in the case of permanent urinary incontinence. There is insufficient evidence to support the medical necessity of a single use system bag rather than the multi-use bag. Therefore, a single use drainage system is subject to the same coverage parameters as the multi-use drainage bags.

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

HCPCS Code	Description
A4357	Bedside drainage bag, day or night, with or without antireflux device, with or without tube, each
A4358	Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each
A5102	Bedside drainage bottle with or without tubing, rigid or expandable, each
A5112	Urinary drainage bag, leg or abdomen, latex, with or without tube, with straps, each

Modifier	Description
KX	Requirements specified in the medical policy have been met

## References

### CMS National Coverage Determinations (NCDs)

[NCD 230.17 Urinary Drainage Bags](#)

### CMS Local Coverage Determinations (LCDs) and Articles

LCD	Article	Contractor	DME MAC
<a href="#">L33803 Urological Supplies</a>	<a href="#">A52521 Urological Supplies</a>	CGS	AL, AR, CO, FL, GA, IL, IN, KY, LA, MI, MN, MS, NC, NM, OH, OK, PR, SC, TN, TX, VA, VI, WI, WV
		Noridian	AL, AS, AZ, CA, CT, DC, DE, GU, HI, IA, ID, KS, MA, MD, ME, MO, MP, MT, ND, NE, NH, NJ, NV, NY, OR, PA, RI, SD, UT, VT, WA, WY
N/A	<a href="#">A55426 Standard Documentation Requirements for All Claims Submitted to DME MACs</a>	CGS	AL, AR, CO, FL, GA, IL, IN, KY, LA, MI, MN, MS, NC, NM, OH, OK, PR, SC, TN, TX, VA, VI, WI, WV
		Noridian	AK, AS, AZ, CA, CT, DC, DE, GU, HI, IA, ID, KS, MA, MD, ME, MO, MP, MT, ND, NE, NH, NJ, NV, NY, OR, PA, RI, SD, UT, VT, WA, WY

### CMS Benefit Policy Manual

[Chapter 15; § 120 Prosthetic Devices](#)

### CMS Claims Processing Manual

[Chapter 20 Durable Medical Equipment, Prosthetics, Orthotics and Supplies \(DMEPOS\)](#)

### CMS Transmittal(s)

[Transmittal 3689, Change Request 9903, Dated 01/05/2017 \(Durable Medical Equipment Prosthetics, Orthotics and Supplies Healthcare Common Procedure Coding System \(HCPCS\) Code Jurisdiction List \(Pages 5 & 7\)\)](#)

## Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
04/01/2021	<b>Template Update</b> <ul style="list-style-type: none"> <li>Reformatted policy; transferred content to new template</li> </ul>
07/08/2020	<b>Related Policies</b> <ul style="list-style-type: none"> <li>Added reference link to the Medicare Advantage Policy Guideline titled <i>KX Modifier</i></li> </ul> <b>Applicable Codes</b> <ul style="list-style-type: none"> <li>Removed notation pertaining to HCPCS codes A4357, A4358, A5102, and A5112 indicating code is “bundled/excluded”</li> <li>Removed Modifier code GY</li> </ul> <b>Supporting Information</b> <ul style="list-style-type: none"> <li>Updated <i>References</i> section to reflect the most current information</li> <li>Archived previous policy version MPG337.05</li> </ul>

## Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

## Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document\* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

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\*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).