

June 29, 2022

Marge Watchorn Deputy Director, Division of Coding and DRGs Office for Technology Coding and Pricing Group Center for Medicare, Centers for Medicare & Medicaid Services Department of Health and Human Services 7500 Security Boulevard Baltimore, MD 21244

Dear Ms. Watchorn,

WOCN supports the pending HCPCS code application to expand coding language for intermittent catheters. We believe that coding distinctions between surface material (e.g. hydrophilic technology) and features that aid with clean insertion of the catheter are necessary to ensure patients receive a catheter that fits their individual needs.

Founded in 1968, The Wound, Ostomy and Continence Nurses Society<sup>™</sup> (WOCN®) is a clinician-based, professional organization of more than 5,000 members, who treat individuals with wounds, ostomies, and incontinence, and are committed to cost-effective and outcome-based health.

When it comes to treating urinary retention, the overarching goal is to protect the kidneys. It cannot be overstated how important a role intermittent catheterization has on achieving this goal. Patient compliance to the prescribed catheterization program can be achieved by aligning functional features of the catheter to patient needs, thereby allowing the patient the best opportunity to be successful with their day-to-day catheterizations.

Far too often, our nurses encounter patients using an intermittent catheter that is not well suited for them. Functional limitations (e.g. limited hand function), anatomical considerations, are just two of many factors that must be addressed.

In the recently published guideline on adult Neurogenic Lower Urinary Tract Dysfunction NLUTD, the American Urological Association along with Society of Urodynamics, Female Pelvic Medicine & Urogenital Reconstruction stated the following:

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wocn.org

WOCN<sup>®</sup> National Office 1120 Route 73, Suite 200 Mount Laurel, NJ 08054

P (888) 224.WOCN F (856) 439.0525 E info@wocn.org

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> "The clinician treating patients with NLUTD needs to balance a variety of factors when making treatment decisions. In addition to the patient's urologic symptoms and urodynamic findings, other issues that may influence management options of the lower urinary tract include, cognition, hand function, type of neurologic disease, mobility, bowel function / management, and social and caregiver support" (Ginsberg, et al. "The AUA/SUFU Guideline on Adult Neurogenic Lower Urinary Tract Dysfunction: Treatment and follow up", Journal of Urology, (2021).

The proposed HCPCS code expansion allows for this level of thorough decision-making when it comes to choosing a catheter that aligns with patient needs.

Sincerely,

Dea g Kent Dea J. Kent DNP, RN, NP-C, CWOCN President