

U.S. House of Representatives
Washington, DC 20515

July 9, 2024

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Administrator Brooks-LaSure:

The undersigned Members of the U.S. House of Representatives write to express our support for the recent preliminary decision by the Centers for Medicare and Medicaid Services (CMS) to increase the number of billing codes for intermittent catheters. In light of the severely concerning, multi-billion dollar fraudulent activity recently discovered under the Medicare intermittent catheter benefit where it appears that outright criminals took advantage of the program's lack of sufficient program integrity safeguards, we are pleased to see CMS is taking a step in the right direction by improving the specificity with which catheters are coded for billing purposes.

Coding reforms for intermittent catheters have been discussed as a way to improve transparency and accountability. A proposal has been pending before the CMS Healthcare Common Procedure Coding System (HCPCS) Workgroup since July 2022 that would create a more refined code set for intermittent catheters, building greater transparency into the system and improving program integrity.

We are aware that CMS has issued a preliminary decision on this proposal and agreed to expand the intermittent catheter HCPCS code set from three to six codes to separately code hydrophilic technology. Hydrophilic coating on an intermittent catheter easily lubricates the catheter and helps lower urinary tract infections. This preliminary decision appears to be a meaningful improvement to the catheter coding system and we urge CMS to finalize this preliminary decision and update local coverage determinations as quickly as possible to make this benefit more transparent for beneficiaries and the Medicare program itself.

We also urge CMS to take immediate steps to prevent fraudulent behavior from occurring in the future. When fraud is not detected and expeditiously curtailed by CMS and its contractors, everyone loses, including Medicare beneficiaries who rely on the important intermittent catheter benefit such as individuals with disabilities and complex medical conditions.

Whether or not a more refined code set would have prevented the recent fraud in the catheter benefit, a more granular set of billing codes to describe the plethora of intermittent catheters available on the market would help payers understand what they are paying for, and would help prescribers ensure that their patients—particularly beneficiaries with disabilities and complex medical needs—receive the appropriate catheter to treat their individual condition.

One of the most challenging aspects of having a complex medical condition or disability such as spinal cord injury, Parkinson’s disease, spina bifida, or multiple sclerosis is managing one’s bladder dysfunction and avoiding urinary tract infections. Medicare beneficiaries with disabilities and chronic conditions are at particular risk when a sub-optimal catheter is used. To help ensure successful catheterizations, the prescribing practitioner will select the appropriate catheter among a wide variety of catheter features to meet the medical and functional needs of each patient.

CMS’ preliminary decision to expand the intermittent catheter HCPCS code set from three to six codes would help ensure that patients receive the most appropriate catheter to suit their individual medical needs, reflects advances in technology design, allows providers to better track changes in catheter usage throughout the plan of care, and allows payers to know exactly what they are paying for. We will continue to monitor the needs of beneficiaries regarding medically prescribed catheters to ensure access is not impeded.

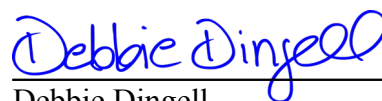
For these reasons, in addition to urging CMS to take immediate steps to remedy fraud in the intermittent catheter benefit, we strongly encourage CMS to finalize their decision to increase the number of catheter HCPCS codes.

Thank you for your consideration of our views on this important matter.

Sincerely,



Brian Fitzpatrick
Member of Congress



Debbie Dingell
Member of Congress



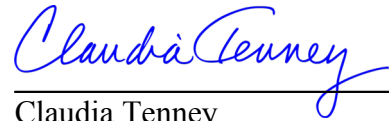
Gregory F. Murphy, M.D.
Member of Congress



Neal P. Dunn, M.D.
Member of Congress



Donald G. Davis
Member of Congress



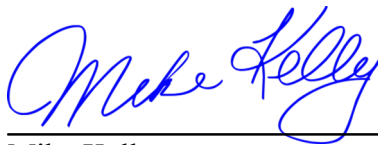
Claudia Tenney
Member of Congress



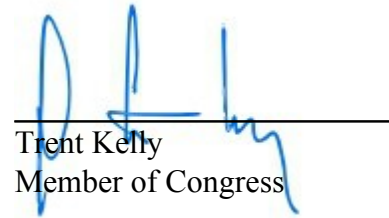
Adrian Smith
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Eric Swalwell
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Mike Kelly
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Trent Kelly
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