

CATEGORY: UROLOGICAL	EFFECTIVE: 01/2024 REVIEWED: 11/28/2023 REVISED:
EQUIPMENT: External Female Urine Collection Device “Purewick”	COVERAGE BENEFIT: <ul style="list-style-type: none"> <input type="checkbox"/> Base <input type="checkbox"/> DME <input type="checkbox"/> Orthotic/Brace <input checked="" type="checkbox"/> External Prosthetic

Medicare criteria are followed when applicable. *

CLINICAL GUIDELINES:

Patient must meet criteria 1 to 4:

1. Patients must have female genitalia with urinary incontinence, AND
2. Deemed at risk for indwelling catheterization, AND
3. Bed confined/immobile requiring full assist from bed to chair, AND
4. Must have one of the following:
 - a) Patient has a history of current or previous decubitus ulcers, skin breakdown or injury in the sacral or gluteal area, OR
 - b) History of catheter associated urinary tract infection

Contraindications:

- Has a known allergy to one or more components of the device
- Has urinary retention

CLINICAL REVIEW: No specialty required

USAGE GUIDELINES:

K1006	Electric Urine Suction Device	One at a time
A6590	External Urine Catheters, Disposable, with Wicking Material Device (For use with Suction Pump, per month)	30 per month. Quantities of 31 to 90 per month require medical justification.
A7001	Canister, Non-disposable, Used with Suction Pump	None
A7002	Tubing, Used with Suction Pump	None