
Utilization *ALERT*

- Benefit coverage **MUST** be verified in the member's EOC or benefit document, prior to use of this MCP for evaluation of medical necessity,
 - For Medicaid members please reference the Medicaid DME manual.
 - This policy only applies for use of the device at home or in a SNF and is not to be applied for hospitalized patients.
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I. Service or Procedure: PureWick Urinary Collection System

II. Specialty: Durable Medical Equipment

III. Indications for Referral

- A. Female external urinary collections systems are **covered** when it is a standard item such as a urinary catheter or external urinary collection device (A4327, A 4328) for members with permanent incontinence or permanent urinary retention.

Permanent urinary retention is urinary retention which is not expected to be medically or surgically corrected within 3 months.

Female pouches and meatal cups are covered items.

- B. The Purewick urinary collection system remains a **non-covered** item for home or LTC use. There is insufficient evidence to show benefit with this type of external collection device.

IV. Background

PureWick™ System is an external female urinary incontinence system, designed to keep the skin dry by gently pulling or “wicking” the urine away from the female external catheter into a sealed collection canister using a continuous low-pressure suction device, powered by electricity or battery cells. The flexible disposable “wick” is to be replaced every 8-12 hours or when soiled with feces or blood.

There is low-quality evidence from four retrospective-observational studies on external female catheters or urine collection devices that significant reduction of indwelling catheter utilization, catheter-associated urinary tract infection, skin-related conditions and device or hospital-acquired pressure injuries have occur after PureWick™ system implementation in the hospital setting. There are no studies published on home or SNF use.



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Mid-Atlantic States

PureWick™ Urinary Collection System

Medical Coverage Policy

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Approval History

Effective June 01, 2016, state filing is no longer required per Maryland House Bill HB 798 – Health Insurance – Reporting

Date approved by RUMC	Date of Implementation
09/27/2021	09/27/2021
08/31/2022	08/31/2022
07/25/2023	07/25/2023
07/24/2024	07/24/2024

*The Regional Utilization Management Committee received delegated authority in 2011 to review and approve designated Utilization Management and Medical Coverage Policies by the Regional Quality Improvement Committee.

Note: Kaiser Permanente Mid-Atlantic States (KPMAS) include referral and authorization criteria to support primary care and specialty care practitioners, as appropriate, in caring for members with selected conditions. Medical Coverage Policies are not intended or designed as a substitute for the reasonable exercise of independent clinical judgment by a practitioner in any particular set of circumstances for an individual member.

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