

# Reduce UTIs for Spinal Cord Injury Patients

Spinal Cord Injury (SCI) patients are vulnerable to Urinary Tract Infections (UTI) which are the **2<sup>nd</sup> leading cause of death for SCI patients**<sup>1,3</sup>.

The average U.S. spinal cord injury patient experiences **2.5 UTIs a year**<sup>2</sup> and UTIs are the **#1 leading cause** of SCI patient re-hospitalization<sup>3</sup>.



**Forces SCI patients to live with UTIs** as a negative outcome of their condition:

- Reduced quality of life<sup>4</sup>
- Lost time from work
- Increased health costs



**Estimated cost of \$247M a year for U.S. healthcare system**<sup>3</sup>. SCI patients insured through state and federal programs have higher likelihood of rehospitalization<sup>5</sup>.



Increases in unnecessary anti-microbial (antibiotic) use for preventable conditions. **\$4.6 billion annual treatment cost** of antibiotic-resistant infections<sup>6</sup>.

## Why are UTIs common for SCI patients?

**Clean Intermittent Catheterization (CIC)** is the “gold standard”<sup>7</sup> for treating bladder dysfunction common amongst SCI patients.



### Vector 1 – Hand to Catheter

Patients contaminate the catheter by touching it with their hands, other parts of their body, or their environment during use.



### Vector 2 – First 15 mm

Bacteria in the first 15 mm of the urethra comes in contact with the catheter during use<sup>8</sup>.

<sup>1</sup> Siroky M. Pathogenesis of bacteriuria and infection in the spinal cord injured patient. Am J Med 2002;113:67-79. DOI: 10.1016/s0002-9343(02)01061-6, <sup>2</sup> Saleme A., Mojajer M, et al. Prevention of urinary tract infections in patients with spinal cord injury. CMAJ 2015. DOI:10.1503/cmaj.141044, <sup>3</sup> National Spinal Cord Injury Statistical Center, Facts and Figures at a Glance. Birmingham, AL: University of Alabama at Birmingham, 2020, <sup>4</sup> Woodbury, M Gail et al. "Intermittent catheterization practices following spinal cord injury: a national survey." The Canadian journal of urology vol. 15,3 (2008): 4065-71. <sup>5</sup> Cardenas D., Hoffman J, et al. Etiology and Incidence of Rehospitalization After Traumatic Spinal Cord Injury: A Multicenter Analysis. Arch Phys Med Rehabil 2004;85:1757-63., <sup>6</sup> Nelson RE, et al. National Estimates of Healthcare Costs Associated With Multidrug-Resistant Bacterial Infections Among Hospitalized Patients in the United States, Clinical Infectious Diseases, Volume 72, Issue Supplement\_1, 15 January 2021, Pages S17–S26, <sup>7</sup> Weynants L, Herve F, Decalf V, et al. Clean Intermittent Self-Catheterization as a Treatment Modality for Urinary Retention: Perceptions of Urologists. Int Neurourol J. 2017; 21(3):189 - 196. Doi:10.5213/inj.1734824.412 <sup>8</sup> Cortese, Y.J., et al., Pathogen displacement during intermittent catheter insertion: a novel invitro urethra model. J Appl Microbiol, 2020. 128(4): p. 1191-1200.

# Current Medicaid and Medicare coding **restricts access to intermittent catheters that help prevent UTIs.**

A4351  
(Straight)



A4352  
(Curved)



## First intermittent catheters prescribed to SCI patients:

- Up to 200 IC a month
- Curved (coudé) approved with documented inability to catheterize with straight tip.



A4353 (No-Touch)  
Additional authorization required



All supplies for single, sterile insertion.

## Authorization requires one of the following:

- Lives in nursing facility
- Is immunosuppressed
- Has vesico-ureteral reflux
- Is a pregnant spinal cord injured female with neurogenic bladder
- **Has had two or more documented UTIs during a 12-month period using A4351/A4352**

## Enable access for **ALL SCI Patients in A4353**

Qualify an estimated **168,000 SCI patients** to use no-touch systems **on day one** of life after injury.



Improve the **dignity and freedom** of SCI patients.

**Reduce burden** of UTIs on caregivers and hospital systems.

## What can you do?



Write to the Department of Health & Human Services - Centers for Medicare and Medicaid Services (CMS) Durable Medical Equipment Medicare Administrative Contractors (DME MACs) asking them to expand the coverage criteria to all spinal-cord injuries in the HCPCS A4353 category.

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