Catheters
(Long Stay)

MDS Coding Requirements

- Look back period is 7 days.
- Indwelling catheter: A catheter maintained in the bladder for the purpose of continuous drainage of urine.
- Suprapubic catheter: An indwelling catheter placed by a urologist directly into the bladder through the abdomen.
- Nephrostomy tube: A catheter inserted through the skin into the kidney in individuals with an abnormality of the ureter or bladder.
- Suprapubic catheters and nephrostomy tubes should be coded as an indwelling catheter ONLY and not as an ostomy.
Ask These Questions

MDS

- Was the MDS coded as per the Resident Assessment Instrument requirements?
- Does the resident have a diagnosis of neurogenic bladder and/or obstructive uropathy, and was this coded in Section I of the MDS? Catheters for Neurogenic Bladder and Obstructive Uropathy are EXCLUDED from the denominator in this Quality Measure.

Catheter in Place

- Is the catheter in place for urinary retention?
- Is it possible to obtain an appropriate diagnosis to support the catheter use?
  - Neurogenic bladder can be attributed to certain diagnosis including neurologic trauma, MS, Parkinson’s Disease, Stroke, DM, and Alzheimer's Disease.
  - Obstructive Uropathy can be attributed to certain diagnosis including BPH, urethral stricture, cancer, renal disease, trauma, and diabetic neuropathy.
- How are staff members monitored for proficiency in perineal/catheter care to avoid urinary tract infections?
- Are all residents who trigger for catheter use reviewed at least monthly?

Prior to Catheter Removal

- Is it possible to complete post-void residuals or straight catheterization to eliminate the use of the indwelling catheter?
- How does the facility monitor the healing process and the need to eliminate the catheter if it is used to maintain skin integrity or comfort?
- Are you using a bladder scanner for residual checks before and during catheter removal to assess the resident’s residual volumes?