



**Coverage of any medical intervention discussed in a Medica medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and applicable state and/or federal laws.**

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**Female External Urinary Catheters for  
Urinary Incontinence (e.g., PureWick™, PrimaFit®)**

**MP9759**

**Covered Service:** No

**Prior Authorization  
Required:** No

**Additional  
Information:** None

**Medica Medical Policy:**

1.0 Female external urinary catheter for management of urinary incontinence is considered **experimental and investigational**, and therefore not covered.

	<b>Committee/Source</b>	<b>Date(s)</b>
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