

Understanding Reimbursement for Intermittent Catheters

For Medicare and other health insurance programs to ensure claims are processed in an orderly and consistent manner, a standardized coding system called Healthcare Common Procedure Coding System (HCPCS) is used.¹ There are three reimbursement categories (called HCPCS codes) of intermittent catheters that you may qualify for, and within each reimbursement category you have product options. If you have questions about the type of catheter that is most appropriate for you, speak with your healthcare provider. **As a consumer, you have a say in the products you use for your care.**

Guide to A4351, A4352, and A4353 as Defined by Medicare^{2, 3}

An **A4351** catheter is an intermittent urinary catheter, with a **straight tip**, and with or without coating (Teflon, silicone, silicone elastomeric, or hydrophilic).



Example: Infyna Chic™ catheter or Onli™ catheter*



Straight tip

An **A4352** catheter is an intermittent urinary catheter, with a **coudé (curved) tip**, and with or without coating (Teflon, silicone, silicone elastomeric, or hydrophilic). When a coudé tip catheter is prescribed, medical necessity (such as the inability to catheterize with a straight-tip catheter) must be documented.



Example: VaPro™ Coudé catheter*



Coudé tip

An intermittent urinary catheter with insertion supplies (**A4353**) is a kit, which includes a catheter and all supplies necessary for a single, sterile insertion. Code **A4353** may be used if any of the following 1, 2 or 3 is supplied:

1. A single sterile package containing both an intermittent urinary catheter and all necessary insertion/collection supplies; or,
2. A sterile intermittent urinary catheter plus a separately packaged sterile kit containing all necessary insertion/collection supplies; or,
3. A sterile “no touch” type of catheter system.

What is a “no touch” catheter?

A “no touch” type of catheter system must be a sterile, all-inclusive, self-contained system capable of accomplishing intermittent catheterization with sterile technique without the use of additional supplies. “No touch” catheter systems are available with or without a collection bag.

Example: VaPro Plus Pocket™ catheter*



Example: VaPro Pocket™ catheter (no collection bag)*



Prior to use, read the Instructions for Use for information regarding Intended Use, Contraindications, Warnings, Precautions, and Instructions. Rx Only.

* Hollister Incorporated intermittent catheters coded A4351, A4352, and A4353 by the PDAC (Pricing, Data Analysis and Coding).

A4353 Coverage Guidelines and Urinary Tract Infections (UTIs) as Defined by Medicare^{2,3}

A4353 Coverage Guidelines: Do You Meet Any of the Following Criteria?

Below are the Medicare requirements to qualify for a “no touch” catheter. Contact Navigator by ABC MedicalSM services or speak with your provider for more information if you meet any of the following criteria:

1. The beneficiary resides in a nursing facility,
2. The beneficiary is immunosuppressed, for example (not all-inclusive): on a regimen of immunosuppressive drugs post-transplant, on cancer chemotherapy, has AIDS, has a drug-induced state such as chronic oral corticosteroid use, high-level spinal cord injury patients (T3 and higher) will be considered for coverage when conducting medical reviews,⁴
3. The beneficiary has radiologically documented vesico-ureteral reflux while on a program of intermittent catheterization,
4. The beneficiary is a spinal cord injured female with neurogenic bladder who is pregnant (for duration of pregnancy only),
5. The beneficiary has had distinct, recurrent urinary tract infections, while on a program of sterile intermittent catheterization with **A4351/A4352** and sterile lubricant **A4332**, twice within the 12-month prior to the initiation of sterile intermittent catheter kits.

WHAT IS A UTI? (defined by Medicare)

A UTI is defined by Medicare when a patient has a urine culture greater than 10,000 colony forming units of a urinary pathogen and concurrent presence of one or more of the signs, symptoms or laboratory findings as listed in the policy articles. They include: Fever (oral temperature greater than 38° C [100.4° F]); Systemic leukocytosis; Change in urinary urgency, frequency, or incontinence; Appearance of new or increase in autonomic dysreflexia (sweating, bradycardia, blood pressure elevation); Physical signs of prostatitis, epididymitis, orchitis; Increased muscle spasms; Pyuria (greater than 5 white blood cells [WBCs] per high-powered field).⁵

Navigator by ABC MedicalSM services

Hollister[®] offers free 1:1 support for customers transitioning out of Rehab through Navigator by ABC MedicalSM services.

We're here to help. If you need help connecting with community resources, sorting out insurance coverage, or addressing your medical device questions, **you don't have to figure it out on your own.**

For more information or to enroll in Navigator by ABC MedicalSM services:
www.abc-med.com/navigator
1.855.774.6631

Questions?

Contact your Hollister Sales Representative, call us at **1.888.808.7456** or visit **hollister.com**

¹ "Overview." CMS.gov Centers for Medicare & Medicaid Services, 30 October 2024, www.cms.gov/Medicare/Coding/MedHCPCSInfo/index.html

² Based on information provided in CMS Local Coverage Determination L33803 and CMS Local Coverage Article A52521, cms.gov, 30 October 2024

³ www4.palmettogba.com/pdac_dmecs/init/ProductClassificationResults.do, 30 October 2024

⁴ Centers for Medicare & Medicaid Services (November 1, 2023). Article Detail - *JD DME Coverage Criteria for Intermittent Urinary Catheters A4353 - Immunosuppressed Beneficiaries Meeting Criteria 2*. Noridian Medicare. <https://med.noridianmedicare.com/web/jddme/article-detail/-/view/2230715/coverage-criteria-for-intermittent-urinary-catheters-a4353-immunosuppressed-beneficiaries-meeting-criteria-2-1>

⁵ Based on information provided in CMS Local Coverage Determination L33803, cms.gov, 30 October 2024

Navigator by ABC MedicalSM services are customized for people with Spinal Cord Injuries and Disorders (SCI/D), Spina Bifida, and Acquired Brain Injuries - offering free 1:1 support including Navigating insurance coverage, Accessing educational and lifestyle information, Connecting to the community, and Finding the right products.

The reimbursement information provided herein is intended to provide general information concerning coding of Hollister products only. Hollister does not guarantee coverage or payment for any product. The ultimate responsibility for proper coding, satisfying reimbursement requirements, and obtaining reimbursement remains with the provider. Coding and coverage policies and guidelines are complex, can vary from one carrier or region to another, and are updated frequently. Providers should check with their local carriers or intermediaries often and should consult with counsel, a reimbursement specialist, and/or DMECS website for any coding, coverage, reimbursement, or billing questions.

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