

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)



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 Hollister Secure StartSM 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,
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).⁴

Hollister Secure StartSM Services: We're Here to Help!

Hollister Secure StartSM services offer free customized support for you as a catheter user, regardless of the brand of product you use. Based on your insurance plan, we can explain your options and help you determine whether any catheter product, regardless of brand, is covered, as well as the allowable quantities.

You have the right to choose a product brand that fits your catheterizing needs. If your supplier switches you from your preferred products without your consent, please call us at **1.888.808.7456** to learn your options.

Contact Us to Learn More:

Phone: **1.888.808.7456**

Email: **ccsecurestart@hollister.com**

Website: **www.securestartservices.com**

¹ "Overview." CMS.gov Centers for Medicare & Medicaid Services, 29 Mar 2023, www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/index.html

² Based on information provided in CMS Local Coverage Determination L33803 and CMS Local Coverage Article A52521, cms.gov, 29 Mar 2023

³ dmepdac.com, 29 Mar 2023

⁴ Based on information provided in CMS Local Coverage Determination L33803, cms.gov, 29 Mar 2023

Hollister Secure Start services are designed to support people as they live their lives with ostomy or bladder management issues. These services are free of charge, and there is no obligation to purchase anything to receive them. Product samples are provided for the patient's trial use and cannot be resold or billed. There is no obligation to accept samples or participate in insurance-matching to identify supplier options. Hollister reserves the right to change Hollister Secure Start services at any time.

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.

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