

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 six 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/A4295, A4352/A4296, and A4353/A4297 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, etc.) and an **A4295** catheter is a straight tip with hydrophilic coating.



Example: Infyna Chic™ catheter or Onli™ catheter (A4295)*



Straight tip

An **A4352** catheter is an intermittent urinary catheter, with a **coudé (curved) tip**, and with or without coating (Teflon, silicone, silicone elastomeric, etc.) and an **A4296** catheter is a coude (curved) tip with hydrophilic coating. When a coudé tip catheter is prescribed, medical necessity (such as the inability to catheterize with a straight-tip catheter) must be documented.



Example: Onli™ Coudé catheter or VaPro™ Coudé catheter (A4296)*



Coudé tip

An **A4353** intermittent urinary catheter with insertion supplies and an **A4297** catheter with hydrophilic coating with insertion supplies, are kits, which include a catheter and all supplies necessary for a single, sterile insertion. Codes **A4353/A4297** 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;
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 (A4297)*



Example: VaPro Pocket™ catheter (no collection bag) (A4297)*



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, A4353, A4295, A4296, and A4297 by the PDAC (Pricing, Data Analysis and Coding).

A4353/A4297 Coverage Guidelines and Urinary Tract Infections (UTIs) as Defined by Medicare^{2,3}

A4353/A4297 Coverage Guidelines: Do You Meet Any of the Following Criteria?

Below are the Medicare requirements to qualify for a “no touch” catheter. Contact Hollister NavigatorSM 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, has a diagnosis of spinal cord injury (SCI) at any level (medical records documentation of SCI injury is sufficient)²,
3. The beneficiary has radiologically documented vesico-ureteral reflux while on a program of intermittent catheterization,
4. The beneficiary has had distinct, recurrent urinary tract infections, while on a program of sterile intermittent catheterization with either **A4295/A4296** with no sterile lubricant (**A4332**), or **A4351/A4352** with 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 NavigatorSM services

Hollister® offers free support for new intermittent catheter customers through their NavigatorSM services.

Hollister is here to help you navigate the path ahead. From your first prescription to your first order, **you don't have to figure it out on your own.**

For more information or to enroll in NavigatorSM services visit www.hollister.com/navigator or contact the Navigator services team at: **1.888.712.6628** or **navigator@hollister.com**

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, 2 Dec 2025, 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, 2 Dec 2025

³ www4.palmettogba.com/pdac_dmecls/initProductClassificationResults.do 2 Dec 2025

⁴ Based on information provided in CMS Local Coverage Determination L33803, cms.gov, 2 Dec 2025

Hollister NavigatorSM services help new Hollister intermittent catheter customers start strong and stay connected on the new journey ahead as an intermittent catheter user. Those enrolled in this exclusive program receive Instant DME placement, Access to free resources & experts, A guide along the way, and Are first to know about Hollister's latest innovations.

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.