

Catheters and Urological Supplies

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Introduction

This guideline addresses catheters and urological supplies.

Health Equity Consideration

Health equity is the highest level of health for all individuals; health inequity is the avoidable difference in health status or distribution of health resources due to the social conditions in which individuals are born, grow, live, work, and age. Social determinants of health are the conditions in the environment that affect a wide range of health, functioning, and quality of life outcomes and risks. Examples include the following: safe housing, transportation, and neighborhoods; racism, discrimination, and violence; education, job opportunities, and income; access to nutritious foods and physical activity opportunities; access to clean air and water; and language and literacy skills.

Criteria

Urinary catheters and urinary collection devices are considered medically necessary to drain or collect urine for an individual who has permanent urinary incontinence **and/or** permanent urinary retention.

If the catheter or the urinary collection device meets the coverage criteria, then the related supplies that are necessary for their effective use are also considered medically necessary.

Indwelling catheters

One catheter per month is considered medically necessary for routine catheter maintenance.

Non-routine catheter changes are considered medically necessary when there is documentation, such as:

- catheter is accidentally removed
- malfunction of catheter
- catheter is obstructed (e.g., encrustation, mucous plug, or blood clot)
- more frequent scheduled changes can prevent multiple obstructions or urinary tract infections

Catheter insertion tray

One insertion tray is considered medically necessary per episode of indwelling catheter insertion.

Urinary drainage collection system

The quantity of supplies considered medically necessary for routine changes of the urinary drainage collection system are listed in Table 1. Additional supplies for non-routine changes of the urinary drainage collection system may be considered medically necessary when there is documentation including, such as:

- obstruction
- sludging
- blood clots
- chronic urinary tract infection

Table 1. Usual Maximum Medically Necessary Quantity of Supplies

Code	Number per month
A4314	1
A4315	1
A4316	1
A4318	31
A4354	1
A4357	2
A4358	2
A5112	1

Code	Number per 3 months
A5102	1

Leg bags are considered medically necessary when their use supports mobility, functional independence, or participation in activities of daily living. The use of vinyl leg bags or latex leg bags is considered medically necessary. Concurrent use of vinyl and latex leg bags is considered not medically necessary.

Intermittent irrigation of indwelling catheters

Supplies for intermittent irrigation of an indwelling catheter are considered medically necessary when used on an as needed (non-routine) basis to address acute catheter obstruction.

Medically necessary supplies for medically necessary non-routine irrigation of a catheter include either an irrigation tray or an irrigation syringe, and sterile saline or sterile water.

One intermittent catheter (with insertion supplies) will be covered per episode of reasonable and medically necessary intermittent catheterization.

Continuous irrigation of indwelling catheters

Supplies for continuous irrigation of a catheter are considered medically necessary if there is a history of obstruction of the catheter. Documentation is required to substantiate the medical necessity of continuous irrigation as opposed to intermittent irrigation. More than one irrigation tubing set per day for continuous catheter irrigation is not considered medically necessary.

Continuous irrigation is considered a temporary measure. Continuous irrigation for more than two weeks is rarely considered medically necessary. Documentation is required to substantiate the medical necessity of continuous irrigation for greater than two weeks.

Intermittent catheterization

Intermittent catheterization is considered medically necessary when basic medical necessity criteria are met and the individual or caregiver can perform the procedure.

For each episode of medically necessary catheterization, the following are considered medically necessary:

- one catheter (HCPCS A4351, A4352) and an individual packet of lubricant (HCPCS A4332) **or**
- one catheter (HCPCS A4295, A4296) **or**
- one intermittent catheter kit (A4297, A4353) if there is documentation of **any** of the following:
 - the individual is immunosuppressed
 - the individual has radiologically documented vesico-ureteral reflux while on a program of intermittent catheterization
 - the individual has had distinct, recurrent urinary tract infections, while on a program of sterile intermittent catheterization, twice within the 12-months prior to the initiation of sterile intermittent catheter kits

Table 2. Medical Necessary Supply Quantities for Intermittent Catheterization

Code	Number per Month
A4295	200
A4296	200
A4297	200
A4332	200
A4351	200
A4352	200
A4353	200

If a Coude tip catheter (HCPCS A4296, A4352) is considered medically necessary, there must be documentation in the individual's medical record for the necessity of that catheter.

External catheters/urinary collection devices

Male or female external urinary collection devices are considered medically necessary for individuals who have permanent urinary incontinence when used as an alternative to an indwelling catheter. Male or female external urinary collection devices are considered not medically necessary when ordered for individuals who also use an indwelling catheter.

Specialty type male external catheters (HCPCS A4326) such as those that inflate or that include a faceplate or extended wear catheter systems are covered only when considered medically necessary. For female external urinary collection devices, more than one meatal cup (HCPCS A4327) per week or more than one pouch (HCPCS A4328) per day are considered not medically necessary.

inFlow device (HCPCS A4341)

The inFlow device (HCPCS A4341), is considered medically necessary as an alternative to intermittent catheterization for individuals with permanent urinary retention due to Impaired Detrusor Contractility. One (1) inFlow device may be considered medically necessary no more than once every 30 days.

Continued coverage of the inFlow device beyond the initial 3-month period requires a clinical re-evaluation by the treating healthcare provider between day 31 and day 91 of therapy. The provider must document that the patient is actively using the device and deriving clinical benefit

Background and Supporting Information

An individual would be considered to have a urinary tract infection if they have a urine culture with greater than 10,000 colony forming units of a urinary pathogen taken from the catheter **and** presence of **one or more** of the following signs:

- 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 per high-powered field)

Evidence Discussion

A 2023 observational cross-sectional study (Santos-Pérez de la Blanc et al.) evaluated health-related quality of life and self-reported complications among individuals (n=50) performing clean intermittent catheterization for chronic urinary retention of various etiologies. Participants reported performing an average of four catheterizations per day and completed the Intermittent Self-Catheterization Questionnaire along with a complications survey. Results demonstrated high acceptability of home catheter use, with 98% reporting that preparation was simple and 76% reporting that catheter insertion was easy. Most individuals indicated satisfaction with self-management, although 20% found carrying catheters and supplies inconvenient and 16% reported perceived limitations during social activities. The most frequently reported complication was symptomatic urinary tract infection, with individuals reporting a mean of 1.7 infections in the prior year. The authors concluded that clean intermittent catheterization was associated with acceptable quality of life and a generally low rate of complications, supporting its continued use as a long-term bladder management strategy. Study limitations included the small sample size, single-center design, reliance on self-reported outcomes, potential recall bias regarding complications, and absence of a comparison group or longitudinal follow-up.

A 2024 scoping review (Linsenmeyer et al.) examined published evidence describing urethral complications associated with intermittent catheterization using hydrophilic catheters. The review included peer-reviewed studies evaluating outcomes such as urethral trauma, microtrauma, hematuria, pain, and stricture formation among individuals performing intermittent catheterization. Across the included literature, reported rates of significant urethral complications were low, with many studies demonstrating reduced friction-related outcomes and fewer insertion-related adverse events when hydrophilic

catheters were used compared with non-hydrophilic designs. Minor complications such as transient hematuria and discomfort were reported, but serious or persistent urethral injury was uncommon and inconsistently documented. The authors concluded that available evidence supported a favorable urethral safety profile for hydrophilic intermittent catheters, though they emphasized that conclusions were limited by substantial heterogeneity in study design, outcome definitions, and assessment methods. Noted limitations included variable catheter types, inconsistent reporting of urethral endpoints, reliance on surrogate or self-reported outcomes in many studies, limited long-term follow-up, and an overall lack of standardized measures to quantify urethral complications. The review highlighted the need for higher quality, longitudinal studies with consistent outcome reporting to more clearly define the long-term urethral safety of hydrophilic catheters.

A 2025 nationwide survey by Christiaans et al. evaluated satisfaction, quality of life, and catheter-related complications among individuals using clean intermittent catheterization, urethral indwelling catheters, or suprapubic catheters for long-term bladder management. A total of 3,320 individuals participated, including 2,634 using clean intermittent catheterization, 383 using urethral indwelling catheters, and 303 using suprapubic catheters. Results demonstrated that individuals performing clean intermittent catheterization reported the highest overall satisfaction and quality-of-life scores as measured by validated instruments, while those using indwelling or suprapubic catheters had significantly lower scores after adjustment for multiple confounding factors. There was no statistically significant difference in reported urinary tract infection incidence across catheter types during the preceding six months. Catheter-related complications affecting daily living and well-being were reported less frequently among individuals performing intermittent catheterization compared with those using indwelling devices. The authors concluded that clean intermittent catheterization was associated with superior quality-of-life and satisfaction outcomes relative to indwelling bladder drainage methods, supporting its use as a preferred long-term strategy. Study limitations included the cross-sectional design, reliance on self-reported outcomes, absence of longitudinal follow-up, and inability to assess causality or changes in outcomes over time.

Codes Addressed in This Guideline

HCPSC Code	Description
A4217	Sterile water/saline, 500 mL
A4295	Intermittent urinary catheter; straight tip, hydrophilic coating, each
A4296	Intermittent urinary catheter; coude (curved) tip, hydrophilic coating, each

HCP Code	Description
A4297	Intermittent urinary catheter; hydrophilic coating, with insertion supplies
A4310	Insertion tray without drainage bag and without catheter (accessories only)
A4311	Insertion tray without drainage bag with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.)
A4312	Insertion tray without drainage bag with indwelling catheter, foley type, two-way, all silicone
A4313	Insertion tray without drainage bag with indwelling catheter, foley type, three-way, for continuous irrigation
A4314	Insertion tray with drainage bag with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.)
A4315	Insertion tray with drainage bag with indwelling catheter, foley type, two-way, all silicone
A4316	Insertion tray with drainage bag with indwelling catheter, foley type, three-way, for continuous irrigation
A4318	Insertion tray with drainage bag with indwelling catheter, foley type, three-way, for continuous irrigation
A4320	Irrigation tray with bulb or piston syringe, any purpose
A4321	Therapeutic agent for urinary catheter irrigation
A4322	Irrigation syringe, bulb or piston, each
A4326	Male external catheter with integral collection chamber, any type, each
A4327	Female external urinary collection device; meatal cup, each
A4328	Female external urinary collection device; pouch, each
A4331	Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each
A4332	Lubricant, individual sterile packet, each
A4333	Urinary catheter anchoring device, adhesive skin attachment, each
A4334	Urinary catheter anchoring device, leg strap, each

HCP Code	Description
A4341	Indwelling intraurethral drainage device with valve, patient inserted, replacement only, each
A4342	Accessories for patient inserted indwelling intraurethral drainage device with valve, replacement only, each
A4336	Indwelling catheter; foley type, three way for continuous irrigation, each
A4337	Incontinence supply, rectal insert, any type, each
A4338	Indwelling catheter; foley type, two-way latex with coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each
A4340	Indwelling catheter; specialty type, (e.g., coude, mushroom, wing, etc.), each
A4341	Indwelling intraurethral drainage device with valve, patient inserted, replacement only, each
A4344	Indwelling catheter, foley type, two-way, all silicone or polyurethane, each
A4346	Indwelling catheter; foley type, three way for continuous irrigation, each
A4351	Intermittent urinary catheter; straight tip, with or without coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each
A4352	Intermittent urinary catheter; coude (curved) tip, with or without coating (teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each
A4353	Intermittent urinary catheter, with insertion supplies
A4354	Insertion tray with drainage bag but without catheter
A4355	Irrigation tubing set for continuous bladder irrigation through a three-way indwelling foley catheter, each
A4356	External urethral clamp or compression device (not to be used for catheter clamp), each
A4357	Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each
A4358	Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each

HCP Code	Description
A4360	Disposable external urethral clamp or compression device, with pad and/or pouch, each
A4561	Pessary, reusable, rubber, any type
A4562	Pessary, reusable, non rubber, any type
A5102	Bedside drainage bottle with or without tubing, rigid or expandable, each
A5105	Urinary suspensory with leg bag, with or without tube, each
A5112	Urinary drainage bag, leg or abdomen, latex, with or without tube, with straps, each
A5113	Leg strap; latex, replacement only, per set
A5114	Leg strap; foam or fabric, replacement only, per set
A6590	External urinary catheters; disposable, with wicking material, for use with suction pump, per month
A6591	External urinary catheter; non-disposable, for use with suction pump, per month
A7048	Vacuum drainage collection unit and tubing kit, including all supplies needed for collection unit change, for use with implanted catheter, each

References

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