Urological Supplies

**Documentation Required**

- **All insurance payers**
  - Prescription
  - Medical record notes specifying medical necessity

- **Prescription Requirements**
  - Start date
  - Patient name
  - Provider Name
  - Detailed of item(s) prescribed
  - Quantity per month needed, and must be consistent with medical record notes
  - Quantity must be specified as each (box or package is not acceptable)
  - ICD-10 code(s)
  - Length of Need
  - Provider signature with credentials
  - Provider signature date (in addition to start date of prescription)

- **Medical record notes must specify**

  - **Intermittent Catheters**
    - Frequency of use (i.e., requires catheterization every 4 hours)
    - Impairment of urination
    - Coude tip catheter if ordered must have documentation in the beneficiary’s medical record of the medical necessity for that catheter. (i.e., inability to catheterize with a straight tip catheter)
    - Medicare recipients:
      - Permanent impairment of urination which is defined as > 3 months
      - Beneficiary or caregiver is able to perform catheter change
      - QTY over 200/month must have additional justification for over utilizing

  - **Foley Catheters**
    - Frequency of use
    - Impairment of urination
    - Medicare recipients:
      - Permanent impairment of urination which is defined as > 3 months
      - Max allowed is 1/month except in the following conditions:
        - Catheter is accidentally removed
        - Malfunction of catheter
        - Catheter is obstructed by encrustation, mucous plug, or blood clot
        - History of recurrent obstruction or urinary tract infection for which it has been established that an acute event it prevented by a scheduled change frequency of more than once per month

  - **External Male (Condom) Catheters**
    - Frequency of use
    - Medicare recipients
      - Permanent impairment of urination which is defined as > 3 months