



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 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*