Urological Supplies: Intermittent Catheters

DOCUMENTATION CHECKLIST

REQUIRED DOCUMENTATION IN SUPPLIER'S FILE

All Claims for Urological Supplies

☐ Written Documentation of a Dispensing Order (written, fax, or verbal order) that includes:

- ○ Description of the item
- ○ Name of the beneficiary
- ○ Name of the physician
- ○ Date of the order
- ○ Start date of the order (if different from date of the order)
- ○ Physician signature (for written order) or supplier signature (for verbal/telephone order)

NOTE: A dispensing order is only required if the items are dispensed prior to obtaining the detailed written order.

☐ Detailed Written Order that contains:

- ○ Beneficiary's name
- ○ Physician's name
- ○ Detailed description of each separately billed item
- ○ Quantity to dispense
- ○ Refill frequency or number of refills
- ○ The specific frequency of use ("as needed" or "prn" orders are not acceptable)
- ○ The treating physician's signature
- ○ The date the treating physician signed the order (personally entered by physician)
- ○ The date of the order and the start date (only required if the start date is different than the order date)

☐ Physician's signature on the written order meets **CMS Signature Requirements** http://www.cgsmedicare.com/jb/forms/pdf/jb_cms_signature_req.pdf

NOTE: Suppliers should not submit claims to the DME MAC prior to obtaining a detailed written order. Items billed to the DME MAC before a signed and dated detailed written order has been received must be submitted with modifier EY.

☐ Beneficiary Authorization

☐ Refill Request

REFILL REQUEST		
Items Were Obtained In Person at a Retail Store	**Written Refill Request Received from the Beneficiary**	**Telephone Conversation Between Supplier and Beneficiary**
☐ Signed Delivery Slip ○ Beneficiary's name ○ Date ○ List of items purchased ○ Quantity received ○ Signature of person receiving the items **OR** ☐ Itemized Sales Receipt ○ Beneficiary's name ○ Date ○ Detailed list of items ○ purchased Quantity received	☐ Name of beneficiary or authorized rep (indicate relationship) ☐ Statement that the beneficiary is requesting a refill ☐ Description of each item being requested ☐ Signature of requestor ☐ Date of request ☐ Quantity of each item beneficiary still has remaining ☐ Request was not received any sooner than 14 calendar days prior to the delivery/ shipping date ☐ Shipment/delivery occurred no sooner than 10 calendar days prior to the end of usage for the current product	☐ Beneficiary's name ☐ Name of person contacted (if someone other than the beneficiary include this person's relationship to the beneficiary) ☐ Statement that the beneficiary is requesting a refill ☐ Description of each item being requested ☐ Date of contact ☐ Quantity of each item beneficiary still has remaining ☐ Contact was not made any sooner than 14 calendar days prior to the delivery/shipping date ☐ Shipment/delivery occurred no sooner than 10 calendar days prior to the end of usage for the current product

DELIVERY DOCUMENTATION		
Direct Delivery	**Shipped/Mail Order Tracking Slip**	**Shipped/Mail Order Return Post-Paid Delivery Invoice**
☐ Beneficiary's name ☐ Delivery address ☐ Quantity delivered ☐ Detailed description of item(s) ☐ Brand ☐ Serial number ☐ Signature of person accepting delivery ☐ Relationship to beneficiary ☐ Signature date (personally entered by the person accepting delivery)	☐ Shipping invoice ○ Beneficiary's name ○ Delivery address ○ Detailed description of item(s) shipped ○ Quantity shipped ○ Brand ○ Serial number ☐ Tracking slip ○ References each individual package ○ Delivery address ○ Package I.D. number ○ Date shipped ○ Date delivered ☐ A common reference number (package ID #, PO #, etc.) links the invoice and tracking slip (may be handwritten on one or both forms by supplier)	☐ Shipping invoice ○ Beneficiary's name ○ Delivery address ○ Detailed description of item(s) shipped ○ Quantity shipped ○ Brand ○ Serial number ○ Date shipped ○ Signature of person accepting delivery ○ Relationship to beneficiary ○ Signature date

Medical Records for all HCPCS Codes

☐ Medical records verify that the beneficiary has permanent urinary incontinence or permanent urinary retention.

☐ The impairment of urination is not expected to be medically or surgically corrected within 3 months.

☐ Physician's signature on the written order meets **CMS Signature Requirements** http://www.cgsmedicare.com/jb/forms/pdf/jb_cms_signature_req.pdf

Claims for Coude or Curved Tip Catheters (HCPCS Code A4352)

☐ The beneficiary's medical record documents the medical necessity for this type of catheter.

NOTE: Use of a Coude tip catheter in female beneficiaries is rarely reasonable and necessary.

Claims for Sterile Intermittent Catheter Kits (HCPCS Code A4353)

☐ The beneficiary meets one of the following criteria:

- ○ The beneficiary resides in a nursing facility.
- ○ The beneficiary is immunosuppressed (examples are not all-inclusive):
  - ☐ On a regimen of immunosuppressive drugs post-transplant,
  - ☐ On cancer chemotherapy,
  - ☐ Has AIDS, or
  - ☐ Has a drug-induced state such as chronic oral corticosteroid use.
- ○ The beneficiary has radiologically documented vesico-ureteral reflux while on a program of intermittent catheterization.
- ○ The beneficiary is a spinal cord injured female with neurogenic bladder who is pregnant (qualifies only for the duration of the pregnancy).
- ○ 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-months prior to the initiation catheterization with the sterile intermittent catheters kits.

☐ Physician's signature on the written order meets **CMS Signature Requirements** http://www.cgsmedicare.com/jb/forms/pdf/jb_cms_signature_req.pdf

NOTE: A beneficiary 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 AND concurrent presence of one
or more of the following signs, symptoms or laboratory findings:

- Fever (oral temperature greater than 38º C [100.4º 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; or
- Pyuria (greater than 5 white blood cells [WBCs] per high-powered field).

Modifier Reminders

- Suppliers must add a KX modifier to a code only if the order indicates the beneficiary has permanent urinary incontinence or urinary retention, and if the item is a catheter, an external urinary collection device, or a supply used with one of these items.
- If all the criteria in the related Policy Article are not met, the GY modifier must be added to the code.
- Claims lines billed without a KX or GY modifier will be rejected as missing information.
- Refer to the Supplier Manual for more information on documentation requirements.

Additional Information References on the Web

- Urological Supplies LCD and Policy Article: http://www.cgsmedicare.com/jb/coverage/lcdinfo.html
- DME MAC Jurisdiction B Supplier Manual: http://www.cgsmedicare.com/jb/pubs/supman/index.html

NOTE

It is expected that the patient's medical records will reflect the need for the care provided. These records are not routinely submitted to the DME MAC, but must be available upon request. Therefore, while it is not a requirement, it is a recommendation that suppliers obtain and review the appropriate medical records and maintain a copy in the beneficiary's file.

DISCLAIMER

This document was prepared as an educational tool and is not intended to grant rights or impose obligations. This checklist may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either written law or regulations. Suppliers are encouraged to consult the *DME MAC Jurisdiction b Supplier Manual* and the Local Coverage Determination/Policy Article for full and accurate details concerning policies and regulations.