

DOCUMENTATION CHECKLIST
Urological Supplies



Reference: LCD L11581 and PA A25377

Required Documentation in Supplier's File

All Claims for Urological Supplies

Documentation of verbal order (if item is dispensed based on a verbal order) that contains:

- Description of the item
- Name of the beneficiary
- Name of the physician
- Start date of the order

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

- Valid written order that contains:
 - o Beneficiary's name
 - o Type of supplies ordered
 - o Approximate quantity to be used per unit of time (day, week, month, etc.)
 - o Treating physician's signature
 - o Date the treating physician signed the order
 - o start date of the order - only required if the start date is different than the signature date
- Beneficiary authorization
- Proof of delivery
- Documentation in the medical record* that supports the patient has a permanent (> 3 months) impairment of urination.

Claims for Special Items and Quantities Above the Normal Monthly Allowances

Non-routine Indwelling Catheter Change (A4311 - A4316, A4338 - A4346)

- Documentation* that substantiates the medical necessity (See LCD for examples)

Specialty Indwelling Catheter (A4340) or All Silicone Catheter (A4344, A4312, or A4315)

- Documentation* in the medical record of the medical necessity for this catheter rather than a straight Foley type catheter with coating

Three Way Indwelling Catheter (A4346, A4313, A4316)

- Documentation* that continuous catheter irrigation is medically necessary (See LCD)

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Non-routine Changes of Urinary Drainage Collection System (A4314 – A4316, A4354, A4357, A4358, A5102, A5112)

- Documentation* that substantiates the medical necessity (e.g., obstruction, sludging, clotting of blood, or chronic, recurrent UTI)

Leg Bags (A4358 or A5112)

- Documentation* that the patient is not confined to the bed

Intermittent Irrigation of Indwelling Catheters

- Documentation* that shows the irrigation is being performed on a non-routine basis due to the presence of an acute obstruction in the catheter

Continuous Irrigation of Indwelling Catheters

- Documentation* that there is a history of obstruction of the catheter and the patency of the catheter cannot be maintained by intermittent irrigation in conjunction with medically necessary catheter changes
- Record indicates the rate of solution administration and the duration of need

More Than 35 Male External Catheters/Month (A4349)

- Documentation* of medical necessity

Specialty Type Male External Catheters (A4326 or A4348)

- Documentation* substantiates the medical necessity for such a catheter

Sterile Intermittent Catheterization (SIC)

- Documentation* that the patient meets one of the following criteria:
 - o Patient resides in a nursing facility; or
 - o Patient is immunosuppressed; or
 - o Patient has a radiologically documented vesico-ureteral reflux while on a program of intermittent catheterization; or
 - o Patient is a spinal-cord injured *pregnant* female with a neurogenic bladder; or
 - o Patient has had distinct, recurrent UTI's while on a program of clean intermittent catheterization twice within the 12-month period prior to initiation of SIC.
 - Urine culture with > 10,000 colony forming units of a urinary pathogen **AND** concurrent presence of at least one of the following signs/symptoms/findings:
 - o Fever (oral temperature > 38 Degrees C or 100.4 Degrees F)
 - o Systemic leukocytosis (Elevated white blood cell count)
 - o Change in urinary urgency, frequency or incontinence
 - o Appearance of new or increase in autonomic dysreflexia (sweating, low heart rate, elevated blood pressure)
 - o Physical signs of prostatitis, epididymitis, orchitis
 - o Increased muscle spasms
 - o Pyuria (> 5 white blood cells)

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Coude (Curved) Tip Catheter (A4352)

- Documentation* supports the medical necessity for a curved rather than straight tip catheter (A4351)

Billing Reminders

- Add the **GY** modifier if billing for items which are noncovered

- Add the **KX** modifier to a urological supply code *only* if:
 - o Patient has permanent urinary incontinence or urinary retention, and
 - o Item is a catheter, an external urinary collection device, or
 - o Supply is used with one of these items

*** NOTE:** It is expected that the patient's medical records will reflect the need for the care provided. These records are not routinely submitted 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.

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