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## Checklist for Coude Tip Catheter Requests

Patient Information (Name, Contact Information, Insurance Information)
<b><u>Primary Diagnosis: Permanent Urinary Incontinence or Permanent Urinary Retention MUST be documented in a doctor's note. Letters are not acceptable documentation</u></b>
Clinical documentation must include why patient cannot use a straight catheter
<b><u>Clinical documentation signed by the physician that supports the diagnosis of permanent urinary incontinence or permanent urinary retention i.e office notes, lab and test results that indicate condition will not be resolved in 3 months</u></b>
<b><u>Office notes MUST contain discussion with patient on catheter use and must be signed</u></b>
# Refills and Length of Need
Product Description (Size, Length, Manufacturer)
Quantity Per Month in Numerical Amount not Boxes (Example: 150 per month) Please do not write boxes unless prescribing gloves.
Frequency of Change (Example: Uses 6 x a day)
Physician Signature (Signature and date stamps are not allowed)
NPI Number
<b>Additional medical documentation maybe requested for prescribed products to support the medical necessity and meet insurance requirements.</b>

**\*\*\*Medicare/MassHealth now requires that supporting clinical documentation be provided by the prescribing physician that supports the diagnosis of permanent urinary incontinence or permanent urinary retention. Medicare does not accept a Letter of Medical Necessity as valid documentation.**

Fax the request over to Allcare Medical Supply  
508-865-6370