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Checklist for Sterile Intermittent Catheter

****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.**

Patient Information (Name, Contact Information, Insurance Information)
<u>Primary Diagnosis: Permanent Urinary Incontinence or Permanent Urinary Retention MUST be documented in a doctor's note. Letters are not acceptable documentation</u>
<p>Patient must meet one of these criterias to receive this product:</p> <ol style="list-style-type: none"> 1. The patient resides in a nursing facility 2. The patient is immunosuppressed, for example (not all-inclusive): <ul style="list-style-type: none"> • on a regimen of immunosuppressive drugs post-transplant • on cancer chemotherapy • has AIDS • has a drug-induced state such as chronic oral corticosteroid use 3. The patient has radiologically documented vesico-ureteral reflux while on a program of intermittent catheterization 4. The patient is a spinal cord injured female with neurogenic bladder who is pregnant (for duration of pregnancy only) **5. The patient has had distinct, recurrent urinary tract infections, while on a program of sterile intermittent catheterization with an intermittent catheter and sterile lubricant, twice within the 12-month prior to the initiation of sterile intermittent catheter kits.**
<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>
<u>Office notes MUST contain discussion with patient on catheter use and must be signed</u>
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
Additional medical documentation maybe requested for prescribed products to support the medical necessity and meet insurance requirements.