DOCUMENTATION CHECKLIST

JURISDICTIONS B & C

UROLOGICAL SUPPLIES: INTERMITTENT CATHETERS

REQUIRED DOCUMENTATION

- ☐ **Standard Written Order** that includes:
  - ○ Beneficiary's name or Medicare Beneficiary Identifier (MBI)
  - ○ General description of the item
    - ☐ The description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number
    - ☐ For supplies – In addition to the description of the base item, the DMEPOS order/ prescription may include all concurrently ordered supplies that are separately billed (List each separately)
  - ○ Quantity to dispense, if applicable
  - ○ Treating Practitioner Name or NPI
  - ○ Treating practitioner's signature
  - ○ Order Date
- ☐ Treating Practitioner's signature on the written order meets **CMS Signature Requirements** https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM6698.pdf

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

- ☐ **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) ☐ Description of each item being requested ☐ 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) ☐ 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 ☐ A description of the item(s) being delivered. The description can be either a narrative description (e.g., lightweight wheelchair base), a HCPCS code, the long description of a HCPCS code, or a brand name/model number. ☐ Delivery date ☐ Signature of person accepting delivery ☐ Relationship to beneficiary	☐ Shipping invoice ○ Beneficiary's name ○ Delivery address ○ A description of the item(s) being delivered. The description can be either a narrative description (e.g., lightweight wheelchair base), a HCPCS code, the long description of a HCPCS code, or a brand name/model number. ○ Quantity shipped ☐ 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 the supplier)	☐ Shipping invoice ○ Beneficiary's name ○ Delivery address ○ A description of the item(s) being delivered. The description can be either a narrative description (e.g., lightweight wheelchair base), a HCPCS code, the long description of a HCPCS code, or a brand name/model number. ○ Quantity shipped ○ Date shipped ○ Signature of person accepting delivery ○ Relationship to beneficiary ○ Delivery date

NOTE: If a supplier utilizes a shipping service or mail order, suppliers have two options for the DOS to use on the claim:

1. Suppliers may use the shipping date as the DOS. The shipping date is defined as the date the delivery/shipping service label is created or the date the item is retrieved by the shipping service for delivery. However, such dates should not demonstrate significant variation.
2. Suppliers may use the date of delivery as the DOS on the claim.

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.

☐ Clinician signature(s) on medical records meets **CMS Signature Requirements** https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM6698.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.

☐ Signatures on documents meet CMS Signature Requirements

☐ Clinician signature(s) on medical records meets **CMS Signature Requirements** https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM6698.pdf

ATTENTION!

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).

REMINDERS

- When codes A4217, A4450, and A4452 are used with Urological Supplies, they must be billed with the AU modifier. For this policy, codes A4217, A4450, and A4452 are the only three codes for which the AU modifier may be used. Claim lines for codes A4217, A4450 and A4452 billed for urological supplies without an AU modifier will be rejected as missing information.
- Suppliers must add a KX modifier to a catheter, an external urinary collection device, or a supply used with one of these items only if both 1 and 2 are met:
  1. The statutory benefit criteria described in the NONMEDICAL NECESSITY COVERAGE AND PAYMENT RULES section of the Policy Article are met, and
  2. The applicable reasonable and necessary (R&N) criteria described in the COVERAGE INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY section of the LCD are met.
- If all the criteria in the Nonmedical Necessity Coverage and Payment Rules section of the Policy Article are not met, the GY modifier must be added to the code.
- Refer to the Supplier Manual for more information on documentation requirements.
- Claims lines billed without a KX, GA, GY or GZ modifier will be rejected as missing information.

ONLINE RESOURCES

- **Urological Supplies LCD and Policy Article**
  - **JB:** https://www.cgsmedicare.com/jb/coverage/LCDinfo.html
  - **JC:** https://www.cgsmedicare.com/jc/coverage/LCDinfo.html
- **DME MAC Supplier Manual**
  - **JB:** https://www.cgsmedicare.com/jb/pubs/supman/index.html
  - **JC:** https://www.cgsmedicare.com/jc/pubs/supman/index.html

NOTE: It is expected that the beneficiary'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 Supplier Manual* and the Local Coverage Determination/Policy Article for full and accurate details concerning policies and regulations.