



Atlantic
HEALTHCARE
PRODUCTS

West Palm Beach: 561-964-6767

Boynton Beach: 561-733-2331

www.AtlanticHP.com

The checklist below is derived from Medicare's Coverage criteria for Urological Catheters. Without the below criteria being fully and legible documented in the physician's chart notes and Rx, Medical justification has not been met for the items requested.

Review of Face-to-Face Examination Chart Notes for Catheters.

Criteria for Chart Notes for Internal Catheters:

- Medical records verify that the beneficiary has permanent urinary incontinence or permanent urinary retention – **AND** –
- The Impairment of urination is not expected to be medically or surgically corrected within 3 months – **AND** –
- Documentation of usage indicating description of the catheter and the usage.
 - Up to 200/month
- Additional Documentation if prescribing for:
 - Coude catheters:
 - Medical records document the medical necessity of this type of catheter.
 - Need to rule out why straight catheters cannot be used
 - Sterile Intermittent Catheter Kits.
 - There are several pathways for qualification, please call us at 561-290-1434

Detailed Written Order (DWO)- * Please sign the attached Detailed Written Order *****

- Beneficiary's name
- Physician's Name
- Description of each item ("intermittent"; "Coude"; w/ French size; Lubricant)
- Specific Frequency of Use (3-4 times per day) ("prn" orders are not acceptable)
- Quantity to Dispense per month
- Refill frequency or # of Refills
- Signature of treating physician with date (Stamps are not acceptable)
 - Physician's Signature on written order meets CMS Signature Requirements.
 - <http://www.cgsmedicare.com/jc/pubs/news/2010/0410/cope12069.html>

Physicians: We invite you to create the Face to Face Chart note through DMEevalumate.com -

Medicare Compliant paperwork the first time!

Please fax your referrals and documentation to 561-290-1434