



# Atlantic HEALTHCARE PRODUCTS

West Palm Beach: 561-964-6767

Boynton Beach: 561-733-2331

[www.AtlanticHP.com](http://www.AtlanticHP.com)

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

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

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### **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](#).

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

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