

Regarding the patient:

Name

Date of Birth

For insurance consideration of the **urological supplies** you have requested for this patient, the following must be documented in their medical records:

- The number of times per day that the recipient performs self-catheterization or changes indwelling catheter or supplies; **AND**
- Permanent urinary incontinence or permanent urinary retention (**NOTE:** Permanent urinary retention is defined as retention that is not expected to be medically or surgically corrected in that beneficiary within 3 months); **AND**
- Urinary tract infection (UTI) history when the patient utilizes 6 or more catheters per day

Coude Catheters

- Documentation detailing the reason why the patient is unable to catheterize with a straight tip catheter.

Please note: providing medical records to a supplier is not a violation of the HIPAA privacy rules. Records must show relevant ICD-10 diagnosis code(s) and include the prescribing physician's signature and date.

Thank you in advance for faxing any Standard Written Order prescription(s) & supporting medical records to Handi Medical Supply at: 651-644-0602