

Regarding the patient:_____
Name_____
Date of Birth

For insurance consideration of the **sterile 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 patient 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**
- Why clean catheterization techniques are not appropriate for the patient; **AND**
- Urinary tract infection (UTI) history; **AND**
- **For Medicare beneficiaries:** Medical records must document distinct, recurrent urinary tract infections, within the 12-month prior to the initiation of sterile intermittent catheter kits while on a program of sterile intermittent catheterization with A4351/A4352
- Urinary Tract Infection requirements (Obtain Lab results):
 - Urine culture with greater than 10,000 colony forming units of a urinary pathogen; **AND**
- Supporting Symptoms (Obtain Medical Records for visit related to lab results):
 - Fever (oral temperature greater than 38° C [100.4° 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
 - Pyuria (greater than 5 white blood cells [WBCs] per high-powered field)

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