

## **Documentation Requirements for Patients**

Medicare and Private insurance require that pertinent documentation be documented in the patient's chart/record for billing purposes, and audits.

These requirements include:

## History of urological condition to include:

- Permanency: defines permanency as a condition that is expected to last greater than 90 days
- Diagnosis: Urological diagnosis
- Frequency: Frequency the patient is instructed to catheterize
- History: Duration of patient's condition

**Closed Kit:** If patient requires Closed Kit System Catheter A4353, additional documentation is needed. Patient's chart/record must include the following.

- Patient must use closed kit system 7x daily indefinitely to prevent recurrent UTI.
- Patient needs to use closed system 7x daily for life due to immunosuppression.
- Patient needs closed system 7x daily for life due to spina bifida.
- Patient needs to use closed system 7x daily for life due to cancer / Chemo.

**Coude Catheters:** If patient requires a coudé catheter A4352, additional documentation is required stating why the patient is unable to pass/use a straight catheter.

- Patient needs to self-cath 7x daily using coude catheters, unable to pass straight due to anatomy.
- Patient must CIC 7x daily using coude indefinitely due to an enlarged prostate.
- Patient ISC 7x daily using coude catheters due to obstruction, unable to pass straight catheter.
- Patient CIC 7x daily using coude catheter due to prostate cancer, unable to pass straight catheter.
- Patient CIC 7x daily with coude catheters due to scar tissue, unable to pass straight catheter.

**Straight Tip Catheters:** If patient requires a Straight Tip Catheter A4351, additional comments / notes must be added or included in the patient's chart/record.

- Patient needs to ISC 7x daily indefinitely using straight tip catheter.
- Patient ISC 7x daily for life using straight tip catheter.
- Patient must ISC 7x daily using straight tip catheter for life.
- Patient will require ISC 7x daily for life using straight tip catheter.

To prevent delays or interruptions in service, one of the above comments must be included in the patient's chart/record for billing and audit purposes.

Reference: the requirements listed above can be referenced by referring to LCD for Urological Supplies (L11566).

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Diagnosis Codes					
ICD-9 Code	ICD-10 Code	Diagnosis Description	ICD-9 Code	ICD-10 Code	Diagnosis Description
340	G35	Multiple sclerosis	788.33	N39.46	Mixed incontinence (urge & stress), female & male
344.0	G82.5	Quadriplegia	788.34	N39.42	Incontinence without sensory awareness
344.1	G82.2	Paraplegia	788.35	N39.43	Post-void dribbling
344.6	G83.4	Cauda equina syndrome	788.36	N39.44	Nocturnal enuresis
344.61	G83.4	Cauda equina syndrome with neurogenic bladder	788.37	N39.45	Continuous leakage
564.81	K59.2	Neurogenic bowel	788.38	N39.490	Overflow incontinence
595.1	N30.1	Chronic interstitial cystitis	788.39	N39.498	Other urinary incontinence
596.0	N32.0	Bladder neck obstruction	788.41	R35.0	Urinary frequency
596.4	N31.2	Atony of bladder	788.43	R35.1	Nocturia
596.54	N31.9	Neurogenic bladder	788.62	R39.12	Slowing of urinary stream
598	N35	Urethral stricture	788.63	R39.15	Urgency of urination
599.0	N39.0	Urinary tract infection	625.6 788.32	N39.3	Stress incontinence, male and female
599.60	N13.9	Urinary obstruction, unspecified	V44.2	Z93.2	Ileostomy status
600.0	N40	Hypertrophy (benign) of prostate	V44.3	Z93.3	Colostomy status
741	Q05	Spina bifida	V44.52	Z93.52	Appendicovesicostomy (Mitrofanoff)
741.0	Q05.4	Spina bifida with hydrocephalus	V44.6	Z93.6	Other artificial opening of urinary tract status
741.90	Q05.8	Spina bifida without hydrocephalus	V55.2	Z43.2	Attention to ileostomy
753.5	Q64.1	Exstrophy of urinary bladder	V55.3	Z43.3	Attention to colostomy
753.6	Q64.3	Atresia and stenosis of urethra and bladder neck	V55.6	Z43.6	Attention to other artificial opening of urinary tract
788.1	R30.0	Dysuria	591	N13.30	Hydronephrosis
788.20	R33.9	Retention of urine, unspecified	596.51	N32.81	Hypertonicity of bladder
788.21	R39.14	Incomplete bladder emptying	600.01	N40.1	Hypertrophy (benign) of prostate with urinary obstruction
788.29	R33.8	Other specified retention of urine	600.21	N40.1	Benign localized hyperplasia of prostate with urinary obstruction
788.30	R32	Urinary incontinence, unspecified	788.69	R39.19	Other abnormality of urination, other
788.31	N39.41	Urge incontinence	V43.5	Z96.0	Bladder replaced by other means

## **Misc Supplies**

Foley catheters (A4338, A4344)

· A4334: INDWELLING CATHETER; FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHILIC, ETC.), EACH (Latex Foley)
· A4344: INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE, EACH (Non-Latex, Silicone Foley)

Coudé Foleys (A4340) · A4340: INDWELLING CATHETER; SPECIALTY TYPE, EG; COUDÉ, MUSHROOM, WING, ETC. ), EACH

Silicone Foleys (A4344, A4312, or A4315)

Male Externals (A4349)

Specialty Male Externals (A4326)

Leg Drainage Bags (A4358)

Bedside Drainage Bags (A4357)