



## **CATHETER DOCUMENTATION REQUIREMENTS**

### **Initial Medical Record/Office Visit Note:**

- Urinary Retention or Urinary Incontinence Dx
- Type of Catheter – Straight or Coude Tip (Coude requires justification)
- Permanence
- Size
- Frequency of need (x/day) **(Must match what is on the prescription)**
- Lube (if needed)

### **Renewal Medical Record/Office Visit Note:**

- Indicate continued medical need and use
- Type of Catheter – Straight or Coude Tip (Coude requires justification)
- Frequency of need (x/day) **(Must match what is on the prescription)**
- Lube (if needed)