



Please review and complete the form below and return by fax to: 910-452-2913 or 855-899-0215

Urological Division

Please complete all required sections and include a DEMOGRAPHIC/FACE SHEET with patient's insurance information.

Date: Patient Name: Phone:

DOB: Patient Address:

Patient Primary Insurance Name/ID#:

Patient Secondary Insurance Name/ID#:

Urological Supplies

Intermittent Catheters:

FR Size Straight Coude Hydrophillic

Foley:

Size Balloon cc Latex Silicone

External:

Size Quantity 35 Quantity per Month

Brand:

- Bard/Magic 3 Coloplast/SpeediCath Cure Hollister MTG Rusch/Teleflex Wellspect/Lofric

Quantity: Day Month Male Female Pediatric

Enroll patient in the manufacturer's support program.

Diagnosis Code:

- Permanent Urinary Retention / R33.9 Permanent Urinary Incontinence / R32 BPH with urinary obstruction and other lower urinary tract symptoms (LUTS) / N40.1 Other

Each setup to include the following accessories (as needed): Insertion tray, Lubrication, Ext. tubing, Leg Bag, Drain Bag, Swab Sticks (alcohol/betadine), Sodium Chloride (500/1000ml), Lubricant, Drain Valves, Gloves, and Syringes.

*Please be advised that in the event a patient has a medical need for coude catheters or intermittent sterile catheter kits, additional documentation will be required.

Incontinence/Additional Monthly Order:

Product Info: Quantity p/month:

Physician Name: NPI #: Phone #:

Physician Signature: (no stamped signatures)

Date: Nurse / M.A. Name:

MEDICAL DOCUMENTATION REQUIREMENTS FOR CATHETERS

ICD 10 CODES:

PRIMARY DIAGNOSIS: (If Patient has Medicare as their primary insurance, they MUST have one of the following primary ICD 10 codes for catheter coverage)

R33.9 Retention of Urine, Unspecified

R32 Unspecified Urinary Incontinence

SECONDARY DIAGNOSIS:

753.5 Q64.10- Exstrophy of Urinary Bladder, Unspecified

Q64.19- Other Exstrophy of Urinary Bladder

598.00 N35.111- Postinfective Urethral Stricture, Not Elsewhere Classified, Male Meatal

340. G35- Multiple Sclerosis

596.54 N31.9- Neuromuscular Dysfunction of Bladder, Unspecified

741.90 Q05.8- Sacral Spina Bifida Without Hydrocephalus

596.0 N320- Bladder Neck Obstruction

344.1 G82.20- Paraplegia, Unspecified

788.21 R39.14- Feeling of Incomplete Bladder Emptying

185. C61- Malignant Neoplasm of Prostate

344.0 G82.50- Quadriplegia, Unspecified

G82.51- Quadriplegia, C1-C4 Complete

G82.52- Quadriplegia, C1-C4 Incomplete

G82.53- Quadriplegia, C5-C7 Complete

G82.54- Quadriplegia, C5-C7 Incomplete

**MEDICARE GUIDELINES
COUDE CATHETER TIP**

(Please fax notes with the Prescription)

A coude tip catheter is covered when there is documentation in the patient's medical record of a medical necessity for that catheter. An example would be the inability to catheterize with a straight tip catheter, BPH, stricture. A coude is rarely covered for a female.

CLOSED KIT OR STERILE INTERMITTENT CATHETER KIT

(Please fax notes with prescription)

- The patient is immunosuppressed, for example (not all-inclusive):
 - On a regimen of immunosuppressive drugs post-transplant,
 - On cancer chemotherapy,
 - Has AIDS,
 - Has a drug-induced state such as chronic oral corticosteroid use
- The patient is a spinal cord injured female with Neurogenic Bladder who is pregnant (for duration of pregnancy only),
- Patient has TWO urinary tract infections with urine cultures showing a colony count greater than 10,000 within the last 12 months while on sterile intermittent catheterization technique (SIC). Needs to also show concurrent presence of one or more of the following signs/symptoms:

- 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)

Usual Maximum Amount per Month

PRODUCT	QTY
Sterile Catheters	200
Coude Catheters	200
Sterile Catheter Kits	200
Condom Catheters	35
Leg Bags	1
Drainage/Night Bags	1
Insertion Kit for Foley Catheters	1
Foley Catheters	1