



UROLOGICAL ORDER FORM

Phone: 866-708-2730

Fax: 855-899-0215

(I) PATIENT INFORMATION

PATIENT NAME: _____ M F DOB: _____

ADDRESS: _____ START DATE: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

PHONE NUMBERS (HOME): _____ CELL/MOBILE: _____

Primary Insurance Name: _____ Insurance ID #: _____

Secondary Insurance Name: _____ Insurance ID #: _____

Primary Diagnosis: Unspecified Urinary Incontinence R32 Retention of Urine R33.9

*patient must have at least one of the two above diagnosis for valid insurance coverage, per CMS Guidelines, this must be documented in their medical record)

Additional Diagnosis: 1) _____ 2) _____

Length of Need: _____ (months)

90 Day Supply: Y N

Latex Allergy: Y N

Copies of the Physician Progress Notes to support the items below are necessary to satisfy CMS Guidelines. Please fax with the order

(II) UROLOGY ORDER

Urology Order (please check type)	FR. Size	#Cath / Day	Qty/Mo
<input type="checkbox"/> Intermittent Straight Catheter			
<input type="checkbox"/> Intermittent Coude' Catheter			
<i>Justification for Coude' Catheter: (Patient must have Retention of urine as well as)</i>			
<input type="checkbox"/> Urethral Stictures <input type="checkbox"/> Enlarged Prostate <input type="checkbox"/> Scar Tissue Build-Up <input type="checkbox"/> other			
<input type="checkbox"/> Lubricant <input type="checkbox"/> Individual packets <input type="checkbox"/> Tube			
<input type="checkbox"/> Intermittent Closed System Catheter Kit			
<input type="checkbox"/> Intermittent Insertion Tray <input type="checkbox"/> BZK Wipes <input type="checkbox"/> PVP pads			
<input type="checkbox"/> Male External Catheter <input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> Intermed <input type="checkbox"/> Lg <input type="checkbox"/> X-Lg			
<input type="checkbox"/> Bedside Drainage Bag 2000cc			
<input type="checkbox"/> Leg Bag <input type="checkbox"/> 9oz <input type="checkbox"/> 19oz <input type="checkbox"/> 32oz			
<input type="checkbox"/> Foley Catheter (Silicone) <input type="checkbox"/> 5cc <input type="checkbox"/> 30cc			
<input type="checkbox"/> Foley Catheter (Latex) <input type="checkbox"/> 5cc <input type="checkbox"/> 30cc			
<i>Please List Additional Items Below (Please ensure to list Description/Qty)</i>			
<input type="checkbox"/>			
<input type="checkbox"/>			

Please enroll patient in Mfr. Support Program

Brand: Patient Choice Cure Rusch/Teleflex
 ConvaTec GentleCath Hollister Bard/Magic3
 Coloplast/Speedicath MTG Wellspect/Lofic

(III) PHYSICIAN CERTIFICATION AND SIGNATURE

Physician or Licensed Prescriber: _____ NPI #: _____
(Printed Name)

Phone Number: _____ Fax: _____ Office Contact: _____

Prescribing Signature: _____ Date: _____
(stamped signatures are not acceptable)

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	788.21	R39.14- Feeling of Incomplete Bladder Emptying
	Q64.19- Other Exstrophy of Urinary Bladder	185.	C61- Malignant Neoplasm of Prostate
598.00	N35.111- Postinfective Urethral Stricture, Not Elsewhere Classified, Male Meatal	344.0	G82.50- Quadriplegia, Unspecified
340.	G35- Multiple Sclerosis		G82.51- Quadriplegia, C1-C4 Complete
596.54	N31.9- Neuromuscular Dysfunction of Bladder, Unspecified		G82.52- Quadriplegia, C1-C4 Incomplete
741.90	Q05.8- Sacral Spina Bifida Without Hydrocephalus		G82.53- Quadriplegia, C5-C7 Complete
596.0	N320- Bladder Neck Obstruction		G82.54- Quadriplegia, C5-C7 Incomplete
344.1	G82.20- Paraplegia, Unspecified		

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