



2700 W Cypress Creek Rd
Suite B109
Fort Lauderdale, FL 33309

T: 1-888-720-2830
F: 1-888-251-0202

CATHETER ORDER FORM

To process order, please **FAX: 888-251-0202**

- Patient **DEMOGRAPHICS** Patient **INSURANCE INFORMATION**
 Patient **CURRENT CHART NOTES** **ORDER SIGNED BY PHYSICIAN**

Start Date / Today's Date:

PATIENT SECTION

First Name:	Last Name:
Date of Birth:	Gender:
Mobile Number:	Home Number:
Primary Insurance:	Policy Number:
Shipping Address:	

PHYSICIAN SECTION

1	Diagnosis:	<input type="checkbox"/> R33.9 Retention of Urine <input type="checkbox"/> R32 Urinary Incontinence <input type="checkbox"/> Other: _____
2	Does the patient have permanent (>3 months) urinary incontinence or retention? <input type="checkbox"/> Yes <input type="checkbox"/> No Length of need = Lifetime "99" (unless specified otherwise) Other: _____	
3	Frequency & Quantity:	<i>Quantity of intermittent catheters required: Dispense daily and recurring 90 day quantity</i> <input type="checkbox"/> 1 per day / 90 per 3 months <input type="checkbox"/> 4 per day / 360 per 3 months <input type="checkbox"/> 7 per day / 630 per 3 months <input type="checkbox"/> 2 per day / 180 per 3 months <input type="checkbox"/> 5 per day / 450 per 3 months <input type="checkbox"/> 8 per day / 720 per 3 months <input type="checkbox"/> 3 per day / 270 per 3 months <input type="checkbox"/> 6 per day / 540 per 3 months <input type="checkbox"/> Other: _____
4	Urology Products:	<input type="checkbox"/> Hydrophilic Straight Intermittent Urinary Catheter (A4295) <input type="checkbox"/> Hydrophilic Coude Intermittent Urinary Catheter (A4296) <input type="checkbox"/> Hydrophilic Closed Kit Intermittent Urinary Catheter (A4297) <input type="checkbox"/> Straight Intermittent Urinary Catheter with Lubricant (A4351 & A4322) <input type="checkbox"/> Coude Intermittent Urinary Catheter with Lubricant (A4352 & A4322) <input type="checkbox"/> Closed Kit Intermittent Urinary Catheter (A4353) <input type="checkbox"/> Tube of Lubricant (A4402) 4oz per month / 12oz per 3 months Foley Indwelling & External Catheters <input type="checkbox"/> Foley Catheter Latex (A4338) 1 per month <input type="checkbox"/> Drainage Bags (A4357 & A4358) 2 per month / 6 per 3 months <input type="checkbox"/> Foley Catheter Silicone (A4344) 1 per month <input type="checkbox"/> Drainage Bags (A4357 & A4358) 2 per month / 6 per 3 months <input type="checkbox"/> Foley Catheter Coude (A4340) 1 per month <input type="checkbox"/> Drainage Bags (A4357 & A4358) 2 per month / 6 per 3 months <input type="checkbox"/> Insertion Supplies / Kit (A4310) 1 per month / 3 per 3 months <input type="checkbox"/> Male External Catheter (A4349) 35 per month / 105 per 3 months Size: mm _____ <input type="checkbox"/> Drainage Bags (A4357 & A4358) 2 per month / 6 per 3 months <input type="checkbox"/> Female External Catheter (A4328) 30 per month / 90 per 3 months
	Fr. Size:	<input type="checkbox"/> 12 <input type="checkbox"/> 14 <input type="checkbox"/> 16 <input type="checkbox"/> 18 <input type="checkbox"/> Other: _____
	Length:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Pediatric <input type="checkbox"/> Other: _____
Comments:		

The above information is true, accurate, and complete to the best of my knowledge. I confirm that the patient is/was treated by me, and is able to use the supplies prescribed. I verify that the patient's medical condition requires the supplies prescribed and that the usage quantities are medically necessary. I will maintain a copy of this order in the patient's file.

Prescriber Signature:	Signature Date:
Physician's Name:	NPI:
Office Address:	Phone Number:
Office Contact Name:	Fax Number:

NO STAMP ON SIGNATURE LINE

WEB



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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)
 · A4338: 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 External (A4349)

Specialty Male External (A4326)

Leg Drainage Bags (A4358)

Bedside Drainage Bags (A4357)



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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 coude 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 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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