



Date of Order: _____

Patient Name: _____ DOB: _____

Address: _____

Physician Order:

Start Date: _____ (if different than Date of Order) Length of Need: _____ months (99=lifetime)

Diagnosis: *Medicare patients must have a permanent impairment of urination that has lasted at least 3 months*

- | | |
|--|--|
| <input type="checkbox"/> Urinary retention NEC R33.9 | <input type="checkbox"/> BPH w/urinary obstruction N40.1 |
| <input type="checkbox"/> Bladder incomplete emptying R33.9 | <input type="checkbox"/> Atonic bladder N31.2 |
| <input type="checkbox"/> Urinary incontinence R32 | <input type="checkbox"/> Neurogenic bladder N31.9 |
| <input type="checkbox"/> Urinary obstruction N13.9 | <input type="checkbox"/> Other: _____ |

Catheter:

| | | |
|--|--------------------|------------------------|
| | French size | Daily Frequency |
|--|--------------------|------------------------|

- | | | |
|--|-------|-------|
| <input type="checkbox"/> Condom or external (A4349) / 35 per month | _____ | _____ |
| <input type="checkbox"/> Indwelling Foley (A4338) / 1 per month | _____ | _____ |
| <input type="checkbox"/> Indwelling Coude** (A4340) / 1 per month | _____ | _____ |
| <input type="checkbox"/> Insertion tray, accessories only (A4310) / 1 per month | _____ | _____ |
| <input type="checkbox"/> Tube holder leg strap for indwelling catheter (A4334) / 1 per month | _____ | _____ |
| <input type="checkbox"/> Intermittent straight catheter only (A4351) / 200 per month | _____ | _____ |
| <input type="checkbox"/> Lubricant packets (A4332) / 200 per month | _____ | _____ |
| <input type="checkbox"/> Intermittent Coude** tip catheter only (A4352) / 200 per month | _____ | _____ |
| <input type="checkbox"/> Lubricant packets (A4332) / 200 per month | _____ | _____ |
| <input type="checkbox"/> Intermittent sterile w/insertion supplies (A4353) / 200 per month | _____ | _____ |
- Requires documentation of medical necessity, i.e. patient in SNF, immunosuppressed, reflux, recurrent UTI*

Supplies:

- | | |
|---|--|
| <input type="checkbox"/> Drain bag bedside (A4357) / 2 per month | <input type="checkbox"/> Extension tubing (A4331) / 2 per month |
| <input type="checkbox"/> Urinary leg bag latex free (A4358) / 2 per month | <input type="checkbox"/> Lubricant liquid (A4402) / 4 oz per month |
| <input type="checkbox"/> Other: _____ | Qty per month: _____ |
| _____ | Qty per month: _____ |
| _____ | Qty per month: _____ |

Physician Signature: _____ Date: _____

Physician Name: (please print) _____ NPI: _____

--- Please attach documentation supporting medical necessity of all ordered supplies ---

****Orders for Coude or silicone products must be accompanied by documentation supporting medical necessity of specialty type****

Fax back to: 320-231-4941

Urological Supplies Order and Documentation Requirements

Medicare, and other insurance providers who follow Medicare guidelines, requires a prescription that includes:

- Patient's name
- Physician's name
- Date of the order and the start date, if start date is different from date of order
- Detailed description of the item(s)
- Quantity to dispense
- Specific frequency of use for items to be dispensed (not "as needed" or "prn")
- Length of need or number of refills
- Signature of ordering practitioner and signature date. Signature and date stamps are not allowed. Signatures must be legible and/or physician's name must also be printed

Urological Supplies Criteria:

BASIC COVERAGE CRITERIA: urinary catheters and external urinary collection devices are only covered for a patient with a permanent impairment of urination, i.e. **permanent urinary incontinence** or **permanent urinary retention**, which is not expected to be medically or surgically corrected within 3 months.

- ❖ Indwelling catheters: **no more than one catheter per month** is covered for routine catheter maintenance. Non-routine catheter changes are covered when documentation substantiates medical necessity, such as the following:
 - Catheter is accidentally removed (i.e. pulled out by patient)
 - Malfunction of catheter (i.e. balloon does not stay inflated, hole in catheter)
 - Catheter is obstructed by encrustation, mucous plug, or blood clot
 - History of recurrent obstruction or urinary tract infection for which it has been established that an acute event is prevented by a scheduled change frequency of more than once per month
- ❖ Intermittent catheterization is covered when basic coverage criteria are met and the patient or caregiver can perform the procedure. For each episode of covered catheterization, Medicare will cover:
 - A. One catheter (A4351, A4352) and an individual packet of lubricant (A4332); *OR*
 - B. One **sterile intermittent catheter kit** (A4353) is covered if the patient requires catheterization and also meets ONE of the following criteria:
 - Resides in a nursing facility
 - Is immunosuppressed
 - Has radiologically documented vesico-ureteral reflux while on a program of intermittent catheterization
 - Is a spinal cord injured female with neurogenic bladder who is pregnant
 - Has had distinct, recurrent **urinary tract infections** while on a program of sterile intermittent catheterization **twice** within the 12 months prior to the initiation of sterile intermittent catheter kits

Patient Medical Records must contain documentation of the following:

- The number of times per day the patient performs self-catheterization. As needed (prn) or PVR > 300 cc is NOT acceptable.
- If Coude tip or silicone catheter is being ordered, there must be documentation of recurrent encrustation, inability to pass a straight catheter, or sensitivity to latex.
- Drainage bag use over and above normal routine maintenance must be supported by documentation of obstruction, sludging, clotting of blood or chronic recurrent UTI.
- Leg bags are covered if there is documentation that the patient is ambulatory.

Thank you for making Lake Region Home Medical Supply part of your healthcare team. Please call 218-332-5920 with questions.