

PHYSICIAN ORDERS—CATHETERS

Transmit by Email: order-intake@abcplus.net

Fax: (800) 638-0294



PATIENT INFORMATION

PATIENT NAME: _____ DOB: _____ SSN: _____

PATIENT PHONE NUMBER: (____) ____ - _____ ALT PHONE NUMBER: (____) ____ - _____

PLAN OF CARE

- ☐ Retention of Urine (788.20/R33.9) ☐ Urinary Incontinence (788.30/R32)
- ☐ Incomplete Bladder Emptying (788.21/R39.14) ☐ Urge Incontinence (788.31/N39.41)
- ☐ Other Specified Retention of Urine (78829/R33.8) ☐ Other Diagnosis _____

Does Patient Have Permanent Urinary Incontinence or Retention? ☐ Yes ☐ No

(Note: Permanency is defined as a condition that is expected to last greater than 90 days)

Do any of the following conditions apply? ☐ Two UTIs/12 months ☐ Immunosuppressed ☐ BPH ☐ Stricture
Spina Bifida Paraplegia Quadriplegia

Number of Refills (Length of Need) 99 (Lifetime) 12 (one year) Other _____

Brand: **hi-slip (Hydrophilic)** **Cure Medical** **Bard** **Coloplast** **Other** _____

Catheter Supplies			Qty to Dispense	Frequency	Size
<input type="checkbox"/> Straight Tip Catheter (A4351)	<input type="checkbox"/> with lubricant	<input type="checkbox"/> Hydrophilic	_____ per month	_____ time(s) per day	_____ Fr
<input type="checkbox"/> Coudé Catheter (A4352)	<input type="checkbox"/> with lubricant	<input type="checkbox"/> Hydrophylic	_____ per month	_____ time(s) per day	_____ Fr
<input type="checkbox"/> Closed System Catheter Kit (A4353)	Straight Coudé	<input type="checkbox"/> Hydrophilic	_____ per month	_____ time(s) per day	_____ Fr

☐ **90 Day Supply Authorized:** Patient may receive up to a 90 day supply at patient's own choosing. Quantity to dispense will be three times the monthly amount.

I certify that I am the treating physician identified on this form. I have received and completed the sections of this Prescription/Detailed Written Order (DWO). Any statement on my letterhead, attached hereto, has been reviewed and signed by me. I certify that the medical necessity information is true, accurate and complete, to the best of my knowledge, and I certify that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

Physician Signature (No Stamps)

NPI #

Order Date (Required)

Physician Name: _____

Office Name: _____

Office Address: _____

Phone: _____

City, State, ZIP: _____

Fax: _____

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	N39.49	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	R9.12	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, female Stress incontinence, male
599.60	N13.8	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
741.9	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	N39.19	Other abnormality of urination, other
788.31	N39.41	Urge incontinence	V43.5	Z96.0	Bladder replaced by other means

Documentation Requirements for Medicare Patients

Medicare requires that certain documentation be documented in the patient's chart/record in order for Medicare to reimburse for catheters. Medicare also highly recommends these documents be collected and maintained by the provider of supplies. These requirements include:

History of urological condition to include:

- Permanency: Medicare 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

Note: If patient requires a coude catheter, additional documentation is required stating the reason patient is unable to pass/use a straight catheter.

Reference: the requirements listed above can be referenced by referring to LCD for Urological Supplies (L11566). The above information is provided for reference only and is not intended as advice or instruction on how to complete a patient's plan of care.