## Catheter Detailed Written Order



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Patient Information  Patient Name:  DOB: Patient Phone:  Contact if Minor:	Diagnosis  Retention of Urine R33.9  Urinary Incontinence R32  Other (see back pg)		
Insurance  Primary Insurance: Medicaid Medicare BC/BS  Secondary Insurance: Medicaid Medicare BC/BS			
Order Date: Number of Refills 99 (lifetime) 12 Other  Two UTIs in the past 12 months? Yes No (If yes, please send lab and supporting documents)  *Permanent urinary retention/and or incontinence ? Yes No *Impairment of urination is not expected to be corrected within three months. Authorization of 90 day supply? Yes No			
<ul> <li>Sterile Intermittent Cath with Insertion Supplies (A4353)</li> <li>Intermittent Cath (A4351)</li> <li>Intermittent *Coude Cath (A4352)</li> <li>Lubricant (A4332)</li> <li>permittent permittent</li> </ul>	er day per mo FR er day per mo FR er day per mo. er day per mo FR a straight catheter. See back page. catheters available including: Cure,		
Provider  Name of Practice:  Address:  Phone: Fax:  Prescriber's Name N			
Prescriber's Signature D	Date:		

I certify that this order is reasonable and medically necessary or it is a mandated benefit. This document may serve as confirmation of a verbal order and is also written in the patient's record. The information provided is true, accurate and complete. I will retain a copy in the patient's chart.

Please Check One: \_\_ Product Selection Permitted or \_\_ Dispense as Written



Medicare documentation for catheters includes progress notes indicating frequency of use, duration of patient's condition, and diagnosis. Additional documentation may be required based upon request by the patient's health insurance.

Diagnosis	ICD-10	Diagnosis	ICD-10
Multiple Sclerosis	G35	*Benign prostatic hyperplasia with lower urinary tract symptoms	N40.1
Paraplegia	G82.2	Spina bifida	Q05
Quadriplegia	G82.5	Spina bifida with hydrocephalus	Q05.4
Cauda equina syndrome	G83.4	Spina bifida without hydrocephalus	Q05.8
Cauda equina syndrome with nerogenic bladder	G83.4	Exstrophy of urinary bladder	Q64.1
Neurogenic bowel	K59.2	Atresia and stenosis of urethra & bladder neck	Q64.3
Unspecified Hydronephrosis	N13.30	Dysuria	R30.0
Urinary obstruction, unspecified	N13.9	Urinary incontinence, unspecified	R32
Chronic interstitial cystitis	N30.1	Other specified retention of urine	R33.8
Atony of bladder	N31.2	Retention of urine, unspecified	R33.9
Neurogenic bladder	N31.9	Urinary frequency	R35.0
*Bladder neck obstruction	N32.0	Nocturia	R35.1
Hypertonicity of bladder/overactive bladder	N32.81	Slowing of urinary stream	R39.12
*Urethral stricture	N35	Incomplete bladder emptying	R39.14
Urinary tract infection	N39.0	Urgency of urination	R39.15
Stress incontinence, male or female	N39.3	Other difficulties with micturition	R39.19
Urge incontinence	N39.41	Attention to ileostomy	Z43.2
Incontinence without sensory awareness	N39.42	Attention to colostomy	Z43.3
Post-void dribbling	N39.43	Attention to other artificial opening of urinary tract	Z43.6
Nocturnal enuresis	N39.44	lleostomy status	Z93.2
Continuous leakage	N39.45	Colostomy status	Z93.3
Mixed incontinence (urge & stress) female & male	N39.46	Appendico-vesicostomy	Z93.52
Overflow incontinence	N39.490	Other artificial opening of urinary tract status	Z93.6
Other urinary incontinence	N39.498	Presence of urogenital implants	Z96.0
Hypertrophy (benign) of prostate	N40		

<sup>\*</sup> Most common diagnosis codes for coude catheters include: Urethral strictures, bladder neck contractures, benign prostatic hyperplasia, false passages, phimosis, meatal stenosis, and prostate cancer.