

Catheter Detailed Written Order



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Patient Information

Patient Name: _____ M ___ F
DOB: _____ Patient Phone: _____
Contact if Minor: _____

Diagnosis

___ Retention of Urine R33.9
___ Urinary Incontinence R32
___ Neurogenic Bladder K59.2
___ Other _____

Insurance

Primary Insurance: _____ Member ID# _____
Secondary Insurance: _____ Member ID# _____

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

Description of the Item

Frequency/Day Quantity/Mo FR Size

Preferred Manufacturer _____				
___	Sterile Intermittent Cath with Insertion Supplies (A4353)	___ per day	___ per mo.	___ FR
___	Intermittent Cath (A4351)	___ per day	___ per mo.	___ FR
___	Intermittent *Coude Cath (A4352)	___ per day	___ per mo	___ FR
___	External/Condom Cath (A4349)	___ per day	___ per mo	___ mm
___	Lubricant (A4332)	___ per day	___ per mo.	
___	Leg Bag: Circle Vinyl (A4358) Latex (A5112)		___ per mo	
___	Drainage Container (A5102)		___ per mo	
___	Extension Tubing (A4331)	___ per day	___ per mo	
___	Other _____	___ per day	___ per mo.	___ FR

*Medical Justification for using a Coude Catheter: Please check one and include documentation with order.

___ The patient's anatomy is such that a straight tip catheter is ineffective in passing through the urethra.
___ The patient has an enlarged prostate gland, which creates an obstruction requiring a coude catheter.
___ The patient has a Koch or Indiana pouch which requires a Coude tipped catheter for drainage.
___ Other _____

Provider

Physician's Name (PRINT): _____ NPI: _____
Address: _____ City: _____ State: ___ Zip: _____
Phone: _____ Fax: _____ Hospital/Clinic: _____

Prescriber's Signature _____ **Date:** _____

Please Check One: ___ **Product Selection Permitted or** ___ **Dispense as Written**

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.



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 neurogenic 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	Ileostomy 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		

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