



FAX FORMS TO: 866.680.5574

To process order, please FAX: Patient DEMOGRAPHICS Patient INSURANCE INFORMATION Patient CURRENT CHART NOTES ORDER SIGNED BY PHYSICIAN

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UROLOGICAL PHYSICIAN ORDER

Start Date: ___/___/___

First Name: _____ Last Name: _____

Sex: Male Female

DOB: ___/___/___

Home Phone: _____ Cell Phone: _____ Caregiver: _____

Primary Insurance Name: _____ Policy Number: _____

Secondary Insurance Name: _____ Policy Number: _____

#1 Diagnosis: Urinary Incontinence R32 (788.30) Urinary Retention R33.9 (788.20)

#2 Does the patient have permanent (>3 months) urinary incontinence or retention?

Yes No Length of need = Lifetime "99" (unless specified otherwise)

Other: _____

#3 Urology Products: Straight Intermittent Urinary Catheter (A4351) Coude Intermittent Urinary Catheter (A4352) Inability to use straight tip catheter Closed System Urinary Catheter Kit (or urinary catheter w/ insertion supplies) (A4353) Two lab UTIs in the last 12 months External Catheter: Dispense 35/month (A4349) Size: mm _____ Foley Catheter A4338 (latex) A4340 (coude) A4344 (silicone) 1/month Drainage Bags (A4357 & A4358) 2/month Insertion Supplies (A4310) 1/month

If choosing Straight or Coude, please also select lubricant style:

Lubricant (A4402) 4oz/month Lubricant (A4332) 1pk/catheter Hydrophilic

Straight Coude

Fr. Size: 12 14 16 18 Other: _____

Length: Male Female Pediatric

Frequency: Quantity of intermittent catheters required: Dispense daily and recurring 90 day quantity.

1 per day (90) 2 per day (180) 3 per day (270) 4 per day (360) 5 per day (450) 6 per day (540) 7 per day (630) Other: _____

Enroll in manufacturer educational & support program:

Comments: _____

Physician's Signature: _____ Signature Date: _____

*Stamped signatures and dates are not accepted.

Physician's Name: _____ NPI: _____

Contact Name: _____ Phone: _____ Fax: _____

By signing above, I acknowledge that the patient gives consent for Strive Medical to ship first order of supplies listed.

Checklist: Medicare Required Documentation for INTERMITTENT CATHETERS (IC)

For any questions or assistance feel free to contact a Strive Medical Urology Specialist at 888.771.9229.

A4351 (Straight Tip IC)

PATIENT DEMOGRAPHICS

- Patient Name
- DOB
- Address/Phone Number
- Insurance Information

DETAILED WRITTEN ORDER

- Date of Order
- Diagnosis Code
- NPI
- Doctor Signature
- Usage per month and times CIC per day

CURRENT MEDICAL RECORDS (Chart Notes)

Records support it is medically necessary

Include Diagnosis

**To qualify must have one of the following:*

- (1) Indefinite Urinary Retention
- (2) Permanent Urinary Incontinence
- (3) Permanent Urinary Retention as defined by Medicare as not expected to be corrected within 3 months or longer

Usage per month and times CIC per day

(IF REQUESTED) STERILE INTERMITTENT CATHETER KITS

Follow requirements for column "A4353"

A4352 (Coudé Tip IC & Foley)

PATIENT DEMOGRAPHICS

- Patient Name
- DOB
- Address/Phone Number
- Insurance Information

DETAILED WRITTEN ORDER

- Date of Order
- Diagnosis Code
- NPI
- Doctor Signature
- Usage per month and times CIC per day

CURRENT MEDICAL RECORDS (Chart Notes)

Records support it is medically necessary

Include Diagnosis

**To qualify must have one of the following:*

- (1) Indefinite Urinary Retention
- (2) Permanent Urinary Incontinence
- (3) Permanent Urinary Retention as defined by Medicare as not expected to be corrected within 3 months or longer

Usage per month and times CIC per day

Documentation of medical need for a coude tip catheter must indicate the patient's inability to catheterize with a straight tip

****Must be documented in chart notes***

(IF REQUESTED) STERILE INTERMITTENT CATHETER KITS

Follow requirements for column "A4353"

A4353 (Closed System and/or Sterile Accessories)

PATIENT DEMOGRAPHICS

DETAILED WRITTEN ORDER

CURRENT MEDICAL RECORDS (Chart Notes)

Medical records that shows beneficiary meets one of the following A4353 coverage criteria:

(1) Two incidents of distinct urinary tract infection while on sterile intermittent catheterization (A4351/A4352) within 12 months prior to initiation of sterile intermittent catheter kits

Note: Urinary tract infection is evidenced by urine culture with greater than 10,000 colony forming units and concurrent presence of fever, changes in urination pattern, increased muscle spasms, or pyuria.. (a complete list is found in the Urological Supplies LCD L11566)

(2) Patient is immunosuppressed
 -on a regimen of immunosuppressive drugs post-transplant
 -on cancer chemotherapy, has AIDS, or has a drug-induced state such as chronic oral corticosteroid use

(3) Patient has radiologically documented vesico-ureteral reflux while on Intermittent Catheterization (IC).

(4) Patient is a spinal cord injured female with neurogenic bladder who is pregnant (for duration of pregnancy only).

**See Medicare LCD med.noridianmedicare.com/documents/2230703/7218263/Urological+Supplies+LCD+and+PA for further details.*

PROVIDE LAB RESULTS TO PROVE COLONIZATION FOR UTI'S

Note: Urinary tract infection is evidenced by urine culture with greater than 10,000 colony forming units.