

# UROLOGICAL PHYSICIAN ORDER

To process order, please FAX form plus below info to 866.680.5574:  
Patient DEMOGRAPHICS, INSURANCE INFORMATION, CURRENT CHART NOTES,  
ORDER SIGNED BY PHYSICIAN



**strive**  
Medical

P: 888.771.9229 | F: 866.680.5574 | [strivemedical.com](http://strivemedical.com)

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 (provide clinical documentation)

If choosing Straight or Coude, please also select lubricant style:  Lubricant (A4402) 4oz/month  Lubricant (A4332) 1pk/catheter  Hydrophilic

Closed System Urinary Catheter Kit (or urinary catheter w/ insertion supplies) (A4353)  Straight  Coude  
\*Provide clinical documentation/qualifying criteria for Medicare patients - see back for requirements

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

Fr. Size:  6  8  10  12  14  16  18  Other: \_\_\_\_\_

Length:  Male  Female  Pediatric

### Frequency of Change:

- 1 per day/30 month/90 per 3 months  4 per day/120 month/360 per 3 months  7 per day/210 month/630 per 3 months  
 2 per day/60 month/180 per 3 months  5 per day/150 month/450 per 3 months  Other: \_\_\_\_\_  
 3 per day/90 month/270 per 3 months  6 per day/180 month/540 per 3 months

Enroll in manufacturer educational & support program:

Comments: \_\_\_\_\_

Facility: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Signature Date: \_\_\_\_\_

\*Stamped signatures and dates are not accepted.

Physician's Name (if not above): \_\_\_\_\_ 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.*