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

P: 888.771.9229 | F: 866.680.5574 | strivemedical.com

strive Medical

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)

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

☐ Patient has tried and failed to pass a straight tip catheter (provide clinical documentation)

☐ 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 an 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 an times CIC per day
- ☐ Documentation of medical need for a coude tip catheter must indicate the patient has tried and failed to pass a straight tip catheter.

***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-inducted 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.

Strive Medical, LLC - Irving, TX 75063 P: 888.771.9229 F: 866.680.5574 strivemedical.com

DISCLAIMER: This information does not guarantee reimbursement, but provides guidance for accurate information required for urological supplies reimbursement. In the event you should need further technical assistance or have specific coding questions, please contact your regional DMERC or intermediary. It is Strive Medical's intent to share this information with healthcare professionals to highlight awareness of the documentation needed and the reimbursement process.

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