

Urology Authorization Form

Form must be manually signed then faxed to (818) 775-2941

RA FISCHER CO.

Ph: (800)525-3467 Fax: (818)775-2941

Patient Information		Please Attach History and Chart Notes		Additional documentation may be requested to document medical necessity.	
Patient Name		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Date of Birth (MM/DD/YY)	
Street Address		City	State	ZIP	
Phone Number		Email			
Primary Insurance		Member ID #			

Supply Information			
CATHETERS	Frequency*	Quantity to Dispense*	Size
<input type="checkbox"/> Intermittent Urinary Catheter (A4351)	___ Time(s)/Day	___ per month	___ Fr.
<input type="checkbox"/> Intermittent Urinary Catheter: Coudé (A4352)	___ Time(s)/Day	___ per month	___ Fr.
<input type="checkbox"/> Intermittent Urinary Catheter with Insertion Supplies (A4353)	___ Time(s)/Day	___ per month	___ Fr.
<input type="checkbox"/> External Urinary Catheter (A4335)			
<input type="checkbox"/> PureWick™ Urine Collection System			
LUBRICANT			
<input type="checkbox"/> Sterile Lubricant Packet (A4332)	___ Time(s)/Day	___ per month	
<input type="checkbox"/> Other _____	___ Time(s)/Day	___ per month	

*Required

Coudé Tip Medical Necessity
Patient is recommended coudé tip catheters for the following reason(s): <input type="checkbox"/> Enlarged Prostate <input type="checkbox"/> Benign prostatic hyperplasia (BPH) <input type="checkbox"/> Trouble Passing Straight Tip <input type="checkbox"/> Other _____

Physician Information				
Physician Name		NPI	Tax ID	
Office Name	Street Address	City	State	ZIP
Phone Number		Fax		

Licensed Healthcare Provider's Acknowledgment: My signature below denotes that the statements above are true, accurate and complete, to the best of my knowledge. I certify that the patient is being treated by me and I have seen the patient in the last 6 months. The patient is informed that they will be contacted by RA Fischer regarding coverage for items ordered. I authorize the prescription of the supplies above and my signature aligns with the pre-printed name.

 Provider Signature

_____/_____/_____
 Date

Notes

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ICD-9 CODE	ICD-10 CODE	Diagnosis Description
340	G35	Multiple sclerosis
344.0	G82.5	Quadriplegia
344.1	G82.2	Paraplegia
344.6	G83.4	Cauda equina syndrome
344.61	G83.4	Cauda equina syndrome with neurogenic bladder
564.81	K59.2	Neurogenic bowel
595.1	N30.1	Chronic interstitial cystitis
596.0	N32.0	Bladder neck obstruction
596.4	N31.2	Atony of bladder
596.54	N31.9	Neurogenic bladder
598	N35	Urethral stricture
599.0	N39.0	Urinary tract infection
599.60	N13.9	Urinary obstruction, unspecified
600.0	N40	Hypertrophy (benign) of prostate
741	Q05	Spina bifida
741.0	Q05.4	Spina bifida with hydrocephalus
741.90	Q05.8	Spina bifida without hydrocephalus
753.5	Q64.1	Exstrophy of urinary bladder
753.6	Q64.3	Atresia and stenosis of urethra and bladder neck
788.1	R30.0	Dysuria
788.20	R33.9	Retention of urine, unspecified
788.21	R39.14	Incomplete bladder emptying
788.29	R33.8	Other specified retention of urine
788.30	R32	Urinary incontinence, unspecified
788.31	N39.41	Urge incontinence
788.33	N39.46	Mixed incontinence (urge & stress), female & male

ICD-9 CODE	ICD-10 CODE	Diagnosis Description
788.34	N39.42	Incontinence without sensory awareness
788.35	N39.43	Post-void dribbling
788.36	N39.44	Nocturnal enuresis
788.37	N39.45	Continuous leakage
788.38	N39.490	Overflow incontinence
788.39	N39.498	Other urinary incontinence
788.41	R35.0	Urinary frequency
788.43	R35.1	Nocturia
788.62	R39.12	Slowing of urinary stream
788.63	R39.15	Urgency of urination
625.6	N39.3	Stress incontinence, female
788.32		Stress incontinence, male
V44.2	Z93.2	Ileostomy status
V44.3	Z93.3	Colostomy status
V44.52	Z93.52	Appendicovesicostomy (Mitrofanoff)
V44.6	Z93.6	Other artificial opening of urinary tract status
V55.2	Z43.2	Attention to ileostomy
V55.3	Z43.3	Attention to colostomy
V55.6	Z43.6	Attention to other artificial opening of urinary tract
591	N13.30	Hydronephrosis
596.51	N32.81	Hypertonicity of bladder
600.01	N40.1	Hypertrophy (benign) of prostate with urinary obstruction
600.21	N40.1	Benign localized hyperplasia of prostate with urinary obstruction
788.69	R39.19	Other abnormality of urination, other
V43.5	Z96.0	Bladder replaced by other means

Documentation Requirements for Medicare Patients

Additional documentation may be requested to document medical necessity.

Medicare requires that certain documentation be documented in the patient's chart/record in order for Medicare to reimburse for catheters. Medicare also highly recommends these documents be collected and maintained by the provider of supplies.

History of urological condition to include:

- **Permanency:** Medicare defines permanency as a condition that is expected to last greater than 90 days
- **Diagnosis:** Urological diagnosis
- **Frequency:** Frequency the patient is instructed to catheterize
- **History:** Duration of patient's condition

Reference: the requirements listed above can be referenced by referring to LCD for Urological Supplies (L11566). The above information is provided for reference only and is not intended as advice or instruction on how to complete a patient's detailed written order.

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