

# 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<br><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)                                   |  |                       |           |
| LUBRICANT  |  |                       |           |
| <input type="checkbox"/> Sterile Lubricant Packet (A4332) .....                              | _____ Time(s)/Day  | _____ per month       |           |
| <input type="checkbox"/> Other .....   | _____ Time(s)/Day  | _____ per month       |           |
| PUREWICK™ SYSTEM   | SYSTEM COMPONENTS  |                       | Duration  |
| <input type="checkbox"/> PureWick™ Urine Collection System (E2001)                           | <input type="checkbox"/> PureWick™ Female External Catheters - Box of 30 (A6590) | _____ month(s)        |           |
|  | <input type="checkbox"/> PureWick™ 2000cc Collection Canister (A7001)            | _____ month(s)        |           |
|  | <input type="checkbox"/> PureWick™ Replacement Collector Tubing (A6590)          | _____ month(s)        |           |

\*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 |
| 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

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| ICD-9 CODE | ICD-10 CODE | Diagnosis Description                             | ICD-9 CODE | ICD-10 CODE | Diagnosis Description   |
|------------|-------------|---|------------|-------------|---|
| 340        | G35         | Multiple sclerosis                                | 788.34     | N39.42      | Incontinence without sensory awareness                            |
| 344.0      | G82.5       | Quadriplegia                                      | 788.35     | N39.43      | Post-void dribbling   |
| 344.1      | G82.2       | Paraplegia  | 788.36     | N39.44      | Nocturnal enuresis  |
| 344.6      | G83.4       | Cauda equina syndrome                             | 788.37     | N39.45      | Continuous leakage  |
| 344.61     | G83.4       | Cauda equina syndrome with neurogenic bladder     | 788.38     | N39.490     | Overflow incontinence   |
| 564.81     | K59.2       | Neurogenic bowel                                  | 788.39     | N39.498     | Other urinary incontinence  |
| 595.1      | N30.1       | Chronic interstitial cystitis                     | 788.41     | R35.0       | Urinary frequency   |
| 596.0      | N32.0       | Bladder neck obstruction                          | 788.43     | R35.1       | Nocturia  |
| 596.4      | N31.2       | Atony of bladder                                  | 788.62     | R39.12      | Slowing of urinary stream   |
| 596.54     | N31.9       | Neurogenic bladder                                | 788.63     | R39.15      | Urgency of urination  |
| 598        | N35         | Urethral stricture                                | 625.6      | N39.3       | Stress incontinence, female                                       |
| 599.0      | N39.0       | Urinary tract infection                           | 788.32     |             | Stress incontinence, male   |
| 599.60     | N13.9       | Urinary obstruction, unspecified                  | V44.2      | Z93.2       | Ileostomy status  |
| 600.0      | N40         | Hypertrophy (benign) of prostate                  | V44.3      | Z93.3       | Colostomy status  |
| 741        | Q05         | Spina bifida                                      | V44.52     | Z93.52      | Appendicovesicostomy (Mitrofanoff)                                |
| 741.0      | Q05.4       | Spina bifida with hydrocephalus                   | V44.6      | Z93.6       | Other artificial opening of urinary tract status                  |
| 741.90     | Q05.8       | Spina bifida without hydrocephalus                | V55.2      | Z43.2       | Attention to ileostomy  |
| 753.5      | Q64.1       | Exstrophy of urinary bladder                      | V55.3      | Z43.3       | Attention to colostomy  |
| 753.6      | Q64.3       | Atresia and stenosis of urethra and bladder neck  | V55.6      | Z43.6       | Attention to other artificial opening of urinary tract            |
| 788.1      | R30.0       | Dysuria   | 591        | N13.30      | Hydronephrosis  |
| 788.20     | R33.9       | Retention of urine, unspecified                   | 596.51     | N32.81      | Hypertonicity of bladder  |
| 788.21     | R39.14      | Incomplete bladder emptying                       | 600.01     | N40.1       | Hypertrophy (benign) of prostate with urinary obstruction         |
| 788.29     | R33.8       | Other specified retention of urine                | 600.21     | N40.1       | Benign localized hyperplasia of prostate with urinary obstruction |
| 788.30     | R32         | Urinary incontinence, unspecified                 | 788.69     | R39.19      | Other abnormality of urination, other                             |
| 788.31     | N39.41      | Urge incontinence                                 | V43.5      | Z96.0       | Bladder replaced by other means                                   |
| 788.33     | N39.46      | Mixed incontinence (urge & stress), female & male |            |             |   |

## 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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