

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)			
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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