

PureWick™ 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 #			
Secondary Insurance		Member ID #			

Supply Information		
PUREWICK™ SYSTEM	Duration	
<input type="checkbox"/> PureWick™ Urine Collection System (E2001)	_____ month(s)*	<input type="checkbox"/> For Lifetime Use
<input type="checkbox"/> PureWick™ Female External Catheters (A6590)	_____ per month*	_____ month(s)*
<small>*Required</small>		
REPLACEMENT COMPONENTS		
<input type="checkbox"/> PureWick™ 2000cc Collection Canister (A7001)		
<input type="checkbox"/> PureWick™ Replacement Collector Tubing (A6590)		

Physician Information				
Physician Name		NPI	Tax ID	
Office Name	Street Address		City	State
Phone Number	Fax			
LICENSED HEALTHCARE PROVIDER'S ACKNOWLEDGMENT				
<p>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.</p>				
_____			____/____/____	
Provider Signature			Date	

ICD CODES - Most Common			See more on next page		
<input checked="" type="checkbox"/> ICD-9	ICD-10	DIAGNOSIS DESCRIPTION	<input checked="" type="checkbox"/> ICD-9	ICD-10	DIAGNOSIS DESCRIPTION
	788.20 R33.9	Retention of urine, unspecified		788.34 N39.42	Incontinence without sensory awareness
	788.30 R32	Urinary incontinence, unspecified		788.38 N39.490	Overflow incontinence

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ICD CODES – All

✓	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 w/ 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	N39.3	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 w/ urinary obstruction
	600.21	N40.1	Benign localized hyperplasia of prostate w/ 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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