

# DETAILED WRITTEN ORDER FORM

Transmit by Email: referrals@180medical.com or  
 Fax: (888) 718-0633 or (405) 702-7709

- ★PLEASE INCLUDE PATIENT DEMOGRAPHICS★
- ★FOR MEDICARE PATIENTS, INCLUDE PROGRESS NOTES★



## 1 PATIENT INFORMATION

PATIENT NAME: \_\_\_\_\_  
 DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
 PATIENT PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 ALT. PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## 2 DIAGNOSIS

- Retention of Urine (788.20/R33.9)
- Urinary Incontinence (788.30/R32)
- Other Diagnosis \_\_\_\_\_  
 \_\_\_\_\_

3 **Order/Start Date** \_\_\_\_\_ Required **Number of Refills**  99  12  Other \_\_\_\_\_  
**Length of Need**  99 (lifetime)  12 (months)  Other \_\_\_\_\_  
**Does Patient Have Permanent Urinary Incontinence or Retention?**  Yes  No  
(Note: Permanency is defined as a condition that is expected to last greater than 90 days)

SUPPLIES	Frequency Per Day (Required)	Quantity to Dispense (Required)	Size
<b>CATHETERS</b>			
Intermittent Urinary Catheter with Insertion Supplies (A4353) _____ <input type="checkbox"/> Coudé Tip	_____ time(s) a day	_____ per month	_____ Fr
Intermittent Urinary Catheter (A4351) _____	_____ time(s) a day	_____ per month	_____ Fr
Intermittent Urinary Catheter: Coudé Tip (A4352) _____	_____ time(s) a day	_____ per month	_____ Fr
<b>LUBRICANT</b>			
Sterile Lubricant Packet (A4332) _____	_____ time(s) a day	_____ per month	
Other _____	_____ time(s) a day	_____ per month	

90 Day Supply Authorized: Patient may receive up to a 3-month supply at patient's own choosing. Quantity to dispense will therefore be three times the monthly amount.

5 \_\_\_\_\_ No Stamps \_\_\_\_\_ Required  
**Authorized Prescriber's Signature** **NPI #** **Date**

6 Authorized Prescriber's Name: \_\_\_\_\_  
 Office Name: \_\_\_\_\_  
 Office Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Referred by: \_\_\_\_\_



ICD-9 Code	ICD-10 Code	Diagnosis Description	ICD-9 Code	ICD-10 Code	Diagnosis Description
340	G35	Multiple sclerosis	788.33	N39.46	Mixed incontinence (urge & stress), female & male
344.0	G82.5	Quadriplegia	788.34	N39.42	Incontinence without sensory awareness
344.1	G82.2	Paraplegia	788.35	N39.43	Post-void dribbling
344.6	G83.4	Cauda equina syndrome	788.36	N39.44	Nocturnal enuresis
344.61	G83.4	Cauda equina syndrome with neurogenic bladder	788.37	N39.45	Continuous leakage
564.81	K59.2	Neurogenic bowel	788.38	N39.490	Overflow incontinence
595.1	N30.1	Chronic interstitial cystitis	788.39	N39.498	Other urinary incontinence
596.0	N32.0	Bladder neck obstruction	788.41	R35.0	Urinary frequency
596.4	N31.2	Atony of bladder	788.43	R35.1	Nocturia
596.54	N31.9	Neurogenic bladder	788.62	R39.12	Slowing of urinary stream
598	N35	Urethral stricture	788.63	R39.15	Urgency of urination
599.0	N39.0	Urinary tract infection	625.6 788.32	N39.3	Stress incontinence, female 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

## Documentation Requirements for Medicare Patients

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. These requirements include:

### 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

Note: If patient requires a coudé catheter, additional documentation is required stating why the patient is unable to pass/use a straight catheter.

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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