

Clinic Name:_

Fax: 1.800.945.4093

Toll Free Phone: 1.800.480.2092

| Patient Demographics | | | | | | | | | |
|--|---------------------------|------------------------------------|---|----------------------------|-------|------|-----------------------------------|--------|--|
| Name | | | | Phone | | | | | |
| Address | | | | Email | | | | | |
| Date of Birth | | | | | 🗌 Mal | е | | Female | |
| Diagnosis & Justification | | | | | | | | | |
| Causal Diagn | osis: | 🗌 🗆 R32 U | □ R32 Urinary Incontinence □ K59.2 Neurogenic Bow | | | | owel | | |
| 🗆 Spinal Cor | rosis 🛛 R33.9 | □ R33.9 Urinary Retention □ Other: | | | | | | | |
| 🗆 Spina Bifid | 🗆 Spina Bifida 🛛 🗆 Cancer | | | 🗌 N35.9 Urethral Stricture | | | | | |
| Benign Pro Hyperplasi | | N31.9 Neurogenic Bladder | | | | | | | |
| Length of Need? OTHER | | | | | | | | | |
| Number of Re | fills? 🗌 1 🗌 2 🗌 3 | □ 4 □ 5 [| □6□7 | □ 8 □ | 9 🗆 1 | 0 🗆 | 11 | □ 12 | |
| Does the patient have a history of UTIs (2 w/in a 12 month duration) while on CIC regimen 🗌 Yes 🗌 No | | | | | | | | | |
| Does the patient have permanent urinary incontinence? | | | | | | | | | |
| Does the patient have <i>permanent urinary retention?</i> | | | | | | | | | |
| Does the patient have radiologically documented vesico-ureteral reflux? | | | | | | | | | |
| Is the patient immunosuppressed? | | | | | | | | | |
| ***PLEASE INCLUDE MOST RECENT PROGRESS NOTES *** Date: | | | | | | | | | |
| | I | Medical Supply | / Informat | ion | | | | | |
| | | Size | Qty / Day | Qty / Month | HCI | PC | Manuf. Ref # (not required) | | |
| Straight tip uri | | | | | A435 | 1 | | | |
| Coudé tip urin | | | | | A435 | 2 | | | |
| Straight or coudé tip w/ sterile insertion supplies | | | | | | A435 | 3 | | |
| W/ lubricant packet (1 per each catheterization) | | | | | | A433 | 2 | | |
| Other: | | | | | | | | | |
| Physician Information | | | | | | | | | |
| Physician | | NPI: | Physician name: NPI: | | | | | | |
| | Physician name: NPI: | | Physician name: | | | | NPI: | | |
| Physician | name: | NPI: | Physician name: NPI: | | | | | | |

Physician Signature (NO STAMPS PLEASE)

Signature Date

1. Article - Urological Supplies - Policy Article (A52521). www.cms.gov. Accessed March 8, 2022. https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleld=52521&ver=33

Medicare intermittent catheter (IC) documentation check list:

| General | Medicare | documentation | check list ^{2,3} |
|---------|----------|---------------|---------------------------|
|---------|----------|---------------|---------------------------|

| Prescription: Patients' information (name, date of birth) Type of IC prescribed (HCPCS code, description of IC type: straight, coudé, closed) Catheterization frequency per day and quantity of IC (specific number) Prescribing clinicians' signature Clinician name or National Provider Identifier (NPI) Order date | | Medical Record: * Documentation of permanent urinary incontinence or permanent urinary retention (not expected to be medically or surgically corrected within 3 months) Primary diagnosis to support medical necessity for an intermittent catheter Must match the prescription (frequency of IC, quantity of IC, type of IC, length of need) * Might be requested by the DME supplier to have on file (12 months prior to IC) to show continued need/use if applicable | | | |
|---|--|---|---|--|--|
| Documentation required by int | ermittent catheter type ^{2,3} | | | | |
| A4351: Straight Tip, with or without coating A4352: Coudé Tip, with or without coating □ Everything in the general Medicare documentation check list □ Everything in the general Medicare documentation check list □ Documentation indicating patient has tried and is una pass a straight tip catheter □ Documented medical need catheter *Use of a Coudé tip catheter is beneficiaries is rarely reasonal | | that able to r d for a coudé in female | A4353: Closed System or sterile kit Everything in the general Medicare documentation check list. Patient meets one of 5 criteria: Patient resides in a nursing facility Patient is immunosuppressed Patient has documented vesico-ureteral reflux Patient is a spinal cord injured female with neurogenic bladder who is pregnant Patient has had 2 documented urinary tract infections (UTI) while on a straight or coudé tip IC within 12-months | | |
| Required documentation for U | Extensive selection of | | | | |
| Urine culture showing greater the One additional symptom: Fever Systemic leukocytosis Change is urinary urgency, fi Appearance of new or increation (sweating, bradycardia, bloop) | | name brand cath | | | |
| Physical signs of prostatitis, e Increased muscle spasms Pyuria (greater than 5 white | ered field) | 🍪 BD | CURE | | |

2. LCD - Urological Supplies (L33803). www.cms.gov. Accessed March 8, 2022. https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=33803&ContrlD=140 3. Article - Urological Supplies - Policy Article (A52521). www.cms.gov. Accessed March 8, 2022. https://www.cms.gov/medicare-coverage-database/view/article.

aspx?articleId=52521&ver=33

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