STANDARD WRITTEN ORDER FORM

Submit by email: **referrals@180medical.com** or Fax: **(888) 718-0633** or **(405) 702-7709**

PLEASE INCLUDE PATIENT DEMOGRAPHICS | For Medicare Patients, Include Progress Notes

180° MEDICAL | Choice Program

1 PATIENT INFORMATION ❑ English ❑ Spanish ❑ Other _____

Patient Name: _____

Address: _____ City: _____

State: _____ Zip: _____ DOB: _____ SSN: _____

Patient Phone: _____ Alternate: _____

Email: _____

Insurance Plan: _____ Policy/ID#: _____

2 DIAGNOSIS

❑ Retention of Urine (R33.9)

❑ Urinary Incontinence (R32)

❑ Other Diagnosis _____

_____

_____

_____

3 Order Date _____ Number of Refills ❑ 99 ❑ 12 ❑ Other _____

4

SUPPLIES	Frequency Per Day & Quantity to Dispense (Required)	
INTERMITTENT URINARY UNCOATED CATHETER		
❑ Straight Tip: A4351 _____	❑ 1 per day (30)	❑ 6 per day (180)
❑ Coudé (Curved) Tip: A4352 _____	❑ 2 per day (60)	❑ 7 per day (210)
❑ Catheter with Insertion Supplies: A4353 _____	❑ 3 per day (90)	❑ Other _____
_____ ❑ Check for Coudé Tip	❑ 4 per day (120)	_____
INTERMITTENT URINARY CATHETER WITH HYDROPHILIC COATING	❑ 5 per day (150)	_____
❑ Straight Tip: A4295 _____	**SIZE**	
❑ Coudé (Curved) Tip: A4296 _____	_____ Fr	
❑ Catheter with Insertion Supplies: A4297 _____		
_____ ❑ Check for Coudé Tip		
❑ Sterile Lubricant Packet: A4332 _____	_____ time(s) a day	_____ per month
❑ Other _____	_____ time(s) a day	_____ per month

❑ Latex Allergy

❑ 90-Day Supply Authorized: Patient is authorized to receive up to a 3-month supply, based on their preference. The total quantity dispensed will be three times the monthly amount.

5 ❑ Patient Choice

❑ GentleCath/Glide ❑ Coloplast/SpeediCath ❑ BD/Magic3 ❑ Hollister

❑ Cure ❑ HR/TruCath ❑ LoFric ❑ Rusch

6

_____	_____	Required _____
Authorized Prescriber's Signature	**NPI #**	**Date**

7

Physician Name: _____ NPI#: _____

Facility Name: _____ Phone: _____

Facility Address: _____ Fax: _____

City, State, Zip: _____

Referred by: _____

convatec GentleCath™ | Coloplast | BARD | BD | convatec Cure™ | Hollister | HR HealthCare | RÜSCH | LoFric® | MEDLINE

ICD-10 Code	Diagnosis Description	ICD-10 Code	Diagnosis Description
G35	Multiple sclerosis	N39.46	Mixed incontinence (urge & stress), female & male
G82.5	Quadriplegia	N39.42	Incontinence without sensory awareness
G82.2	Paraplegia	N39.43	Post-void dribbling
G83.4	Cauda equina syndrome	N39.44	Nocturnal enuresis
K59.2	Neurogenic bowel	N39.45	Continuous leakage
N30.1	Chronic interstitial cystitis	N39.490	Overflow incontinence
N32.0	Bladder neck obstruction	N39.498	Other urinary incontinence
N31.2	Atony of bladder	R35.0	Urinary frequency
N31.9	Neurogenic bladder	R35.1	Nocturia
N35	Urethral stricture	R39.12	Slowing of urinary stream
N39.0	Urinary tract infection	R39.15	Urgency of urination
N13.9	Urinary obstruction, unspecified	N39.3	Stress incontinence (male) (female)
N40	Hypertrophy (benign) of prostate	Z93.2	Ileostomy status
Q05	Spina bifida	Z93.3	Colostomy status
Q05.4	Spina bifida with hydrocephalus	Z93.52	Appendicovesicostomy (Mitrofanoff)
Q05.8	Spina bifida without hydrocephalus	Z93.6	Other artificial opening of urinary tract status
Q64.1	Exstrophy of urinary bladder	Z43.2	Attention to ileostomy
Q64.3	Atresia and stenosis of urethra and bladder neck	Z43.3	Attention to colostomy
R30.0	Dysuria	Z43.6	Attention to other artificial opening of urinary tract
R33.9	Retention of urine, unspecified	N13.30	Hydronephrosis
R39.14	Incomplete bladder emptying	N32.81	Hypertonicity of bladder
R33.8	Other specified retention of urine	N40.1	Benign prostatic hyperplasia with lower urinary tract symptoms
R32	Urinary incontinence, unspecified	R39.19	Other abnormality of urination, other
N39.41	Urge incontinence	Z96.0	Bladder replaced by other means

Documentation Requirements for Medicare Patients

Medicare requires that certain information be documented in the patient's record in order to reimburse for catheters. Medicare also 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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