

Urology Order Form

All Fields are Required to Process an Order



Standard Written Orders

Email to: _____ or
Fax to: _____

Referral Information:

Number: _____
Name: _____

Step 1: Patient Information

First Name: _____ **Last Name:** _____
DOB: _____ **Gender:** Male Female
Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____
Phone Number: _____ **Email:** _____

NOTE: Please Include Patient Demographics Page

Step 2: Insurance

Primary: _____ **Policy/ID #:** _____ **Phone:** _____
Secondary: _____ **Policy/ID #:** _____ **Phone:** _____

Step 3: Diagnosis

Primary: **R33.9** Retention of Urine **R32** Urinary Incontinence
Other: _____
Secondary: _____

Step 4: Dispensing

Start Date: _____
Duration:
99 (lifetime)
12 months
Other: _____ Months

Does the Patient currently have Chronic or Permanent Urinary Incontinence or Retention not to be corrected in the next 90 days?

Yes No **NOTE: Please include patient progress notes**

Step 5: Recommended Supplies

Intermittent Catheters	Brand/Item	French Size	Frequency per Day (Required)	
Intermittent Urinary Catheter Hydrophilic		8 FR	2 per day/60 month/180 per 3 months	
Intermittent Urinary Catheter: Coude Tip Hydrophilic		10 FR	3 per day/90 month/270 per 3 months	
Intermittent Urinary Catheter with Insertion Supplies		12 FR	4 per day/120 month/360 per 3 months	
Straight Coude Tip Hydrophilic		14 FR	5 per day/150 month/450 per 3 months	
		16 FR	6 per day/180 month/540 per 3 months	
		Other _____	Other _____	
Urological Items	Brand/Item	French Size	Quantity/Month	Frequency of Use
Male External Catheters				
Leg Bag				
Foley Catheter Two-way Three-Way Latex Silicone				
Foley Insertion Trays w/bag w/o bag				
Lubricant packets tube				
Other				
Incontinence Items	Size/Type	Quantity/Month	Frequency of Use	
Briefs Pullups Liners				
Other: _____				

Step 6: Prescribers Information

Name: _____ **NPI #:** _____

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 s/he will be contacted by Byram Healthcare 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:** _____

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 with 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
788.33	N39.46	Mixed incontinence (urge & stress, female & male
788.34	N39.42	Incontinence without sensory awareness

ICD-9 Code	ICD-10 Code	Diagnosis Description
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	Appendico-vesicostomy status
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 with urinary obstruction
600.21	N40.1	Benign localized hyperplasia of prostate with 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

When a Medicare patient is prescribed Intermittent Catheters, Medicare requires DME suppliers like Byram to include the following information for the products to be shipped in a timely manner.

- **Permanency:** Medicare defines permanency as a condition that is not expected to be correct within 3 months
- **Diagnosis:** Urological diagnosis
- **Plan of treatment:** Ordered item and Frequency
- **History:** Duration of patient's condition

Note: The above information is provided for reference only and is not intended as advice or instructions on how to complete the patient's standard written order.

Reference: Local Coverage Determination (LCD) Urology Supplies
<http://www.icd9data.com/>



byramhealthcare.com   

Wound Care | Diabetes | Urology | Ostomy | Incontinence | Enteral Nutrition | Breast Pumps

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