

INCONTINENCE SUPPLIES ORDER FORM

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ADDRESS: 5504 13TH AVE BROOKLYN, NY 11219

PATIENT INFORMATION			
FIRST NAME:		LAST NAME:	
DOB:	GENDER:	HT:	WT:
ADDRESS:		CITY:	STATE: ZIP:
HOME PHONE:		CELL PHONE:	E-MAIL:
EMERGENCY CONTACT:		RELATION:	PHONE:
INSURANCE INFORMATION			
PRIMARY INSURANCE NAME:		SECONDARY INSURANCE NAME:	
PRIMARY INSURANCE ID:		SECONDARY INSURANCE ID:	
MEDICAID ID:			
PRODUCTS		NOTES	
QTY PER MONTH	DAILY USAGE	PULL UPS/UNDERWEAR (Max 250 combined) Size: ☐ S ☐ M ☐ L ☐ XL ☐ XXL	The maximum monthly allowance for any combination of Pull Ups, Diapers and Liners is 250 COMBINED
QTY PER MONTH	DAILY USAGE	DIAPERS/BRIEFS (Max 250 combined) Size: ☐ S ☐ M ☐ L ☐ XL ☐ XXL	
QTY PER MONTH	DAILY USAGE	LINERS (Max 250 combined)	
QTY PER MONTH	DAILY USAGE	DISPOSABLE BED CHUX/UNDERPADS (Max 300)	DIAGNOSIS Select at least one of the following diagnosis codes. R32 is NOT an acceptable code CHECK ALL THAT APPLY Urinary Incontinence Codes: ☐ N39.41 Urge ☐ N39.490 Overflow ☐ N39.3 Stress ☐ R39.81 Functional Urinary ☐ N39.45 Continuous leakage ☐ N39.46 Mixed male/female ☐ N39.42 Without sensory awareness ☐ N39.43 Post-void dribbling ☐ N39.44 Nocturnal enuresis Fecal Incontinence Codes: ☐ R15.9 Full ☐ R15. Incomplete defecation ☐ R15.1 Fecal smearing ☐ R15.2 Fecal urgency ☐ Other _____
QTY PER MONTH		REUSABLE BED CHUX/UNDERPADS (Max 2)	
QTY PER MONTH		REUSABLE CHAIR CHUX/UNDERPADS (Max 2)	
QTY PER MONTH		REUSABLE PANTIES (Max 5) Size: ☐ S ☐ M ☐ L ☐ XL ☐ XXL	
QTY PER MONTH		GLOVES (Max 1) Size: ☐ S ☐ M ☐ L ☐ XL	
QTY PER MONTH		LUBRICANT (Max 8oz)	

CERTIFICATE OF MEDICAL NECESSITY

I certify that the items ordered above are medically necessary for my patient:

Physician Name: _____ NPI #: _____ Refills (Max 5): _____

Address: _____ Phone #: _____ Fax #: _____

Physician Signature: _____ Date: _____

FAX FORM TO 718-436-3649 OR SEND ELECTRONIC PRESCRIPTION DIRECTLY FROM YOUR EMR SYSTEM OR FROM PARACHUTE HEALTH

NY Medicaid Incontinence Ordering Guide

A minimum requirement for all Durable Medical Equipment (DME) / Supply fiscal orders (prescriptions) is a valid ICD10 diagnosis code. Fiscal orders for incontinence products must include a specific ICD10 diagnosis code. Claims for incontinence products without an appropriate diagnosis are denied. The diagnosis code listed on the fiscal order is supported by clinical documentation in the beneficiary's medical history file, which must be available upon request.

The following is a list of acceptable ICD10 diagnosis codes for the ordering of incontinence products.

Urinary Incontinence Codes		Fecal Incontinence Codes
N39.41 (Urge)	N39.44 (Nocturnal enuresis)	R15.9 (Full)
N39.3 (Stress, male)	N39.45 (Continuous leakage)	R15.0 (Incomplete defecation)
N39.46 (Mixed, male/female)	N39.490 (Overflow)	R15.1 (Fecal smearing)
N39.42 (Without sensory awareness)	R39.81 (Functional urinary)	R15.2 (Fecal urgency)
N39.43 (Post-void dribbling)	N39.3 (Stress, female)	

In an effort to assist practitioners with ordering incontinence products, an ordering tool has been developed for monthly quantities for each covered diagnosis. The quantities are based on the need of the average individual requiring incontinence products. Individuals, depending on their specific medical history, may require more or less product. The quantities below represent an individual receiving disposable **OR** reusable products. Typically, if a combination of products is being prescribed, the quantity for each procedure code is lower.

	A4554	T4521	T4522	T4523	T4524	T4529	T4530	T4533	T4535	T4537	T4539	T4540	T4543
ICD CODE	Disposable Underpad	Disposable Adult Sm Diaper	Disposable Adult Med Diaper	Disposable Adult Lg Diaper	Disposable Adult XL Diaper	Disposable Pediatric Diaper Sm/Med	Disposable Pediatric Diaper Lg	Disposable Youth Diaper	Disposable Liner/Pad	Reusable Bed Size Pad	Reusable Any Size Diaper	Reusable Chair Size Pad	Disposable Bariatric Diaper
N39.41	150	125	125	125	125	125	125	125	125	2	5	2	125
N39.3	0	125	125	125	125	125	125	125	125	1	3	1	125
N39.46	150	125	125	125	125	125	125	125	125	2	5	2	125
N39.42	150	125	125	125	125	125	125	125	125	2	5	2	125
N39.43	0	125	125	125	125	125	125	125	125	1	3	1	125
N39.44	0	60	60	60	60	60	60	60	60	2	5	0	60
N39.45	150	150	150	150	150	150	150	150	150	2	5	2	150
N39.490	0	125	125	125	125	125	125	125	125	2	5	2	125
R39.81	300	250	250	250	250	250	250	250	250	2	5	2	250
N39.3	150	125	125	125	125	125	125	125	125	1	3	1	125
R15.9	150	125	125	125	125	125	125	125	125	2	5	2	125
R15.0	150	125	125	125	125	125	125	125	125	2	5	2	125
R15.1	0	100	100	100	100	100	100	100	100	2	5	2	100
R15.2	150	100	100	100	100	100	100	100	100	2	5	2	100