



(844) 552-8813 • www.Stymco.com

TO PLACE THIS ORDER...
Fax to (813) 922-3152 OR
Email to verify@stymco.com



Completed
Prescription Form



Patient Insurance
& Address



Relevant
Medical Notes

Urology Prescription Request/Letter of Medical Necessity

PATIENT INFORMATION

Patient Name: _____

DOB: _____ ☐ Male ☐ Female

Is the patient being seen by home health services? ☐ Yes ☐ No

Has the patient been notified of and chosen STYMCO for this order? ☐ Yes ☐ No

PRESCRIPTION INFORMATION

Start Date: _____ Length of Need (months) : _____

Number of Refills: _____

Order Type: ☐ NEW (replace existing) ☐ ADD (supplement existing)

Has patient been trained to use the prescribed equipment? ☐ Yes ☐ No

PRIMARY DIAGNOSIS (REQUIRED)

Urinary Incontinence

- ☐ R32 – Unspecified urinary incontinence
- ☐ N39.3 – Stress incontinence (female)
- ☐ N39.41 – Urge incontinence
- ☐ N39.46 – Mixed incontinence
- ☐ N39.42 – Incontinence without sensory awareness

Urinary Retention

- ☐ R33.9 – Retention of urine, unspecified
- ☐ R33.8 – Other retention of urine
- ☐ R33.0 – Drug-induced retention of urine

Multiple Sclerosis

- ☐ G35 – Multiple sclerosis
- ☐ N31.9 – Neurogenic bladder

Neurogenic Bladder

- ☐ N31.9 – Neuromuscular dysfunction of bladder
- ☐ N31.8 – Other neuromuscular dysfunction of bladder
- ☐ N31.2 – Flaccid neuropathic bladder
- ☐ N31.0 – Uninhibited neuropathic bladder

BPH with Obstruction / LUTS

- ☐ N40.1 – BPH with lower urinary tract symptoms
- ☐ R33.8 – Retention of urine
- ☐ R39.14 – Feeling of incomplete emptying
- ☐ R39.12 – Poor urinary stream

Other Diagnosis

☐ Other _____

Post-Surgical Urinary Management

- ☐ Z48.816 – Surgical aftercare (GU system)
- ☐ R33.9 – Urinary retention
- ☐ N99.89 – Postprocedural GU complication
- ☐ Z93.6 – Presence of urogenital implant

Spinal Cord Injury (SCI)

- ☐ S14.109A–Cervical spinal cord injury (unspecified)
- ☐ S24.109A–Thoracic spinal cord injury (unspecified)
- ☐ S34.109A–Lumbar spinal cord injury (unspecified)
- ☐ G82.20 – Paraplegia, unspecified
- ☐ G82.50 – Quadriplegia, unspecified
- ☐ N31.9 – Neurogenic bladder

UROLOGY PRODUCTS

CATHETERIZATION DETAILS

Catheter Type:

- ☐ Intermittent catheterization
- ☐ Indwelling Foley catheter
- ☐ Coude tip required
- ☐ Straight tip
- ☐ Pediatric

Size (Fr): _____

Length: ☐ Male ☐ Female ☐ Pediatric

Material: ☐ Silicone ☐ Latex ☐ Hydrophilic

Frequency of catheterization:

☐ 1x/day ☐ 2x/day ☐ 3x/day ☐ 4x/day ☐ Other: _____

DRAINAGE & COLLECTION SYSTEMS

- ☐ Leg bags (500–1000 mL) Qty per month: _____
- ☐ Bedside drainage bags (2000 mL) Qty per month: _____
- ☐ Urinary collection bottles Qty: _____
- ☐ Catheter securement device Qty: _____
- ☐ Tubing extension sets Qty: _____

CATHETER CARE & ACCESSORIES

- ☐ Lubricating jelly packets Qty: _____
- ☐ Antiseptic wipes Qty: _____
- ☐ Irrigation tray Qty: _____

☐ Sterile water/saline for irrigation Qty: _____

EXTERNAL CATHETER SUPPLIES

- ☐ Male external catheters Size: _____ Qty/month: _____
- ☐ Female urinary collection device Qty/month: _____
- ☐ Adhesive strips / securement Qty: _____
- ☐ Skin prep/barrier wipes Qty: _____

PLEASE DATE/SIGN FORM AND ATTACH MOST RECENT CLINICALS/MD NOTES

PRESCRIBER INFORMATION / APPROVAL

I, the undersigned, certify that this order is reasonable and medically necessary or it is as mandated benefit. This document is also written in the patient's record. The foregoing information is true, accurate, and complete. **PLEASE KEEP A COPY OF THIS ORDER FOR YOUR PATIENT'S CHART.**

Prescriber Name (Please Print): _____

Facility Name: _____

Facility City/State: _____

Phone: _____ Fax: _____

SIGNATURE: _____

DATE: _____ NPI #: _____

This form is designed to initiate a new order for products. Some payers may require STYMCO to verify this order or obtain prior authorization before the order can be shipped.

STYMCO is providing HCPCS/CPT codes based on information provided by the product manufacturers. STYMCO does not make representations about the accuracy of this information. The HCPCS/CPT codes do not indicate coverage or payment under any federal or state health care program. The entity that submits claims to any federal or state health care program has the responsibility to verify the accuracy of HCPCS/CPT codes it submits for payment purposes.