Medicare now covers the PureWick™ Female External Catheter!

**Step 1** Complete the Standard Written Order
- Urinary Incontinence diagnosis (e.g., R32, N39.41, N39.45) and duration of need
- Physician signature, printed name and date added

**Step 2** Provide Progress/Chart Notes for Last Two Incontinence-Related Office Visits
- ICD-10 diagnosis code for urinary incontinence (e.g., R32, N39.41, N39.45)
- Expected duration of condition (Note: a permanent condition is defined as 3 months or more)
- Frequency of external catheter changes (e.g., Change external catheter one time per day)
- Statements explaining the medical reason the PureWick System is being prescribed (Note: “PureWick” must specifically be named in the statements)
- Progress/chart notes (including amended notes) must be dated and signed by the author of the notes
  - If progress/chart notes are amended, the amended portion must be dated and signed by the author again
  - Electronic signatures and dates must be in the Medicare-approved format (Refer to Medicare Program Integrity Manual, Ch. 3, Section 3.3.2.4)

**Step 3** Fax all required documents to 866-242-1232

The documents accompanying this transmission contain confidential protected health information that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation and is required to destroy the information after its stated need has been fulfilled. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.
BD PureWick™ System

A breakthrough for women with urinary incontinence

What is the PureWick™ System?

The PureWick™ System is intended for non-invasive urine output management in female patients. The system works outside the body to draw urine from the PureWick™ Female External Catheter into a collection canister.

- Helps keep the skin dry by wicking away urine.*
- Can make better sleep possible.*
- The PureWick™ Female External Catheter is simple and non-invasive.

To learn more about the PureWick™ Urine Collection System, please visit www.purewickathome.com

* Based on survey responses (01/19) by 141 caregivers and users who purchased the PureWick™ System and a subsequent supply of PureWick™ Female External Catheters.

Indication: The PureWick™ Female External Catheter used with the PureWick™ Urine Collection System is intended for non-invasive urine output management in female patients. Contraindication: Do not use the PureWick™ Urine Collection System with PureWick™ Female External Catheters on individuals with urinary retention. Warnings: To avoid potential skin injury, never push or pull the PureWick™ Female External Catheter against the skin during placement or removal. Never insert the PureWick™ Female External Catheter into the vagina, anal canal or other body cavities. Do not use the PureWick™ Female External Catheter with a bedpan or any material that does not allow for sufficient airflow. Discontinue use if an allergic reaction occurs. Not recommended for users who are experiencing skin irritation or skin breakdown in device contact areas. Please consult package insert for more detailed safety information and instructions for use.
**Patient Name:**

**Patient Address:**

**Patient Phone Number:**

**DOB:**

**RELEVANT DIAGNOSIS CODES (Please select):**

- □ R32 – Urinary incontinence, unspecified
- □ N39.41 – Urge incontinence
- □ N39.45 - Continuous leakage
- □ Other (ICD-10): ____________________

**A. Duration of Need:** 99 months (lifetime) unless you specify otherwise here: ____________

<table>
<thead>
<tr>
<th>HCPCS Code</th>
<th>Description</th>
<th>Quantity You Are Approving</th>
<th>Changes You Are Making</th>
<th>Your Initials &amp; Date Here If You Make Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>K1006 PureWick™ Urine Collection System</td>
<td>1 Unit TTL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>A4328 PureWick™ Female External Catheter</td>
<td>30/month</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>A5102 PureWick™ Accessory Kit</td>
<td>1 per 3/month</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Insurance Requirement:**

Any changes must be Initialed & Dated by the signing provider | No whiteout

**PHYSICIAN INFO**

**Name:**

**Address:**

**Phone:**

**NPI #:**

**Fax:**

By my signature below, I am stating that the patient is/was being treated by me. All the information contained on this Prescription for Medical Supplies Form accurately reflects the patient’s condition and the treatment regimen I prescribed.

My medical records for this patient substantiate the prescribed use of products. I will maintain a copy of this signed original Physician Work Order in the patient’s medical record file and make it available for Medicare/Insurer audit purposes.

**Signature:** ___________________________ **Date:** __/____/____

(NO STAMPS | E-Signatures (including tablet completion) must be clearly labeled as electronically signed | PLEASE WRITE LEGIBLY)

**Printed Name or NPI** (if different than above): __________________________

Please fax to: 866-242-1232 w/ recent supportive chart notes

P.O. Box 446   Stuart, FL 34995-0446 PH: 888-329-5679   ALT FAX: 888-324-0447

BD-21467