

Ostomy

1. Patient Information

First name*: _____ Last name*: _____
 Address*: _____ City*: _____ State*: _____
 Zip*: _____ Phone*: _____ Email: _____
 Insurance carrier*: _____ Insurance member ID*: _____
 Date of birth*: _____ Sex*: _____ Height: _____ Weight: _____

2. Clinical Details

Frequency of use*: _____ Length of need*: _____
Diagnosis 1 (ICD-10)*:
 Z93.2 (ileostomy status)
 Z93.3 (colostomy status)
 K94.10 (enterostomy complication)
 Z93.6 (other artificial openings of urinary tract status)
 Other: _____
Diagnosis 2 (ICD-10): _____ **Diagnosis 3 (ICD-10):** _____
 Location: _____ Size: _____
 Construction: _____ Condition of skin surrounding stoma: _____

3. Requirements and Product Selection

Select Pouch

1 piece: Pouch is attached to wafer; 2 piece: pouch is separate from wafer

Item	Size	Allowable	Quantity dispensed
Drainable			
1 piece			
<input type="radio"/> Pouch with barrier attached - A5061 <input type="radio"/> Pouch with barrier attached and filter - A4424 <input type="radio"/> Pouch with extended wear barrier attached - A4388 <input type="radio"/> Pouch with extended wear barrier attached and built-in convexity - A4390	Flange size: _____ Length _____	20 per month	_____
2 piece			
<input type="radio"/> Pouch for use on barrier with flange - A5063 <input type="radio"/> Pouch for use on barrier with un-locking flange and filter - A4425 <input type="radio"/> Pouch with locking flange and filter - A4427			
Urinary			
1 piece			
<input type="radio"/> Pouch, with extended wear barrier and built-in convexity - A4393	Flange size: _____ Length _____	20 per month	_____
2 piece			
<input type="radio"/> Pouch for use on barrier with un-locking flange and faucet-type tap with valve - A4432 <input type="radio"/> Pouch for use on barrier with flange - A5073			

Closed**1 piece** With barrier attached and filter - A4416

Flange size: _____

20 per month

2 piece Pouch for use on barrier with flange - A5054 Pouch for use on barrier with non-locking flange - A4419

Length _____

If pouch selected above is 2 piece, select a skin barrier below

Item	Allowable	Quantity dispensed
Skin barrier w/ flange <input type="radio"/> Size < 4x4 - A4414 <input type="radio"/> Size > 4x4 - A4415 <input type="radio"/> Solid, size 4x4, extended wear - A4385 <input type="radio"/> Solid, size 4x4 - A4362 <input type="radio"/> Solid, size 6x6 - A5121	20 per month	_____
<input type="radio"/> With flange, extended wear, size < 4x4 - A4409 <input type="radio"/> With flange, extended wear, built-in convexity, size < 4x4 - A4407	Based on medical necessity	_____
<input type="radio"/> Skin barrier wipes or swabs - A5120	150 per 6 months	_____
<input type="radio"/> Paste, per oz (pectin-based) - A4406	4 per month	_____
<input type="radio"/> Powder, per oz - A4371	10 per 6 months	_____
<input type="radio"/> Liquid, per oz - A4369	2 per month	_____

Select accessories:

Item	Allowable	Quantity dispensed
<input type="radio"/> Bedside drainage bag - A4357	2 per month	_____
Tape (1 unit = 18 sq in) <input type="radio"/> Waterproof - A4452 <input type="radio"/> Paper Tape - A4450	40 per month	_____
<input type="radio"/> Adhesive remover, wipes - A4456	50 per month	_____
<input type="radio"/> Lubricant, per oz - A4402	4 per month	_____
<input type="radio"/> Adhesive, liquid or equal, any type, per oz - A4364	4 per month	_____
<input type="radio"/> Deodorant, per fluid oz - A4394	8 per month	_____
<input type="radio"/> Ostomy belt - A4367	1 per month	_____

4. Notes

5. Referring Provider Information

Referring provider name*: _____ NPI*: _____ Date*: _____

Referring provider signature*:

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