

Self-Cath®

Trusted for over
30 years



Your Catheter Your Choice

**April 1, 2008, Medicare changed coverage
for intermittent catheter users.**

For more information visit
www.coloplastmedicare.com

Did you know that you can now receive
single-use **Self-Cath®** intermittent catheters?

To receive single-use
Self-Cath®
intermittent catheters
Bring this page to your prescriber
and do the following:

- Ask your healthcare provider for **Self-Cath®** brand intermittent catheters.
- Discuss increasing the number of catheters you are currently receiving. You and your provider can determine the number that is right for you.
- Get a new prescription from your healthcare provider and take it to your medical supplier. If you do not have a medical supplier or are having difficulty receiving Coloplast **Self-Cath®** intermittent catheters, please call our help line at 800-525-8161.
- Make sure your prescription says **Self-Cath®**.

For the Prescriber:

A new prescription is required to increase utilization.

The following must be documented:

1. **PERMANENT CONDITION:** The patient must have a permanent impairment of urination or an undetermined time period of more than 90 days.
2. **COMMON DIAGNOSIS CODES:** 788.20 (Retention of Urine) or 788.30 (Urinary Incontinence, Unspecified).
3. **FREQUENCY:** Document the number of times a day/week/month the patient is cathing. This must match what's listed on plan of care.
4. **BRAND NAME,** for example **Self-Cath®**, must be written on prescription for user to receive the determined choice of catheter; generic scripts may be filled by a medical supplier with cheapest product available *resulting in no savings* to the healthcare system or benefit to the catheter user.

For the Medical Supplier:

*The choice of intermittent catheter was determined by the user and their healthcare professional. **Please fill prescription as written.***

The following Medicare HCPCS codes apply to intermittent catheters - A4351, A4352, or A4353.



Coloplast

www.us.coloplast.com
1.800.525.8161



For more information, please contact Main at Locust Pharmacy & Medical Supply
Phone: 563-324-1641 or Fax: 563-884-4480
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