



UROLOGICAL SUPPLIES, INC.

PUREWICK™ COVERAGE



**COVERAGE REQUIREMENTS FOR
PUREWICK™
NO COVERAGE WITHOUT**

SEE BELOW

THE (3) REQUIRED COMPONENTS

DOCUMENTED IN THE FACE-TO FACE VISIT NOTE

- **1 Dx:** Must be **"Chronic" or "Permanent"** urinary incontinence
- **2 Fx:** (1) PureWick per day (30) per month (lifetime)
including suction device and required accessories
- **3 Reason why** PureWick is the best treatment option
Examples: high fall risk, skin breakdown, frequent UTIs, limited mobility, etc

Sign updated Rx

Rx must be signed on or after office visit and addendum.

The (3) components documented on Rx or in Letter of of Medical Necessity is NOT sufficient. Information must also be in the office visit notes.

Thank you.

Return Fax: 727-472-1351 | Questions: 239-985-9327 (Ask for a PureWick Specialist)

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