

Prior authorization checklist for bladder dysfunction patients

First name _____ Middle _____ Last name _____ DOB _____

Diagnosis of Overactive Bladder	Check one
N32.81 - Other specified disorders of bladder; overactive bladder	
N39.41* - Other specified urinary incontinence; urge incontinence	
N39.46* - Other specified urinary incontinence; mixed incontinence	
Other:	

Diagnosis of Neurogenic Detrusor Overactivity	Check one
N31.9* - Neuromuscular dysfunction of bladder, unspecified	
Other:	

Procedure Code
52287 - Cystourethroscopy, with injection(s) for chemodenervation of the bladder

Expected re-treatment date

History of Symptoms			
Date when change in urgency and frequency occurred <input type="text"/>	Baseline	Current	Reduction from baseline
Number of daily urinary urgency leakage (incontinence) episodes			
Number of daily urination episodes (micturitions)			

Many policies require documented failure of, contraindication to, or intolerance of 1 to 2 medications (eg, anticholinergics, etc). Please check with your payer policy and document medication history in its entirety.

Medication History			
Drug name:	Class:	Duration:	Outcome:
Drug name:	Class:	Duration:	Outcome:
Drug name:	Class:	Duration:	Outcome:
Drug name:	Class:	Duration:	Outcome:

Other Clinical Assessments (eg, urodynamics, therapy, other treatment modalities)

Physician signature: _____ Date: _____

*Code also any associated overactive bladder (N32.81)
 *Should be reported with an additional code to identify any associated urinary incontinence
Note: This form provides information commonly used by payer plans to determine prior authorization. It is intended for reference only and does not guarantee approval. Please be sure to check payer policies for the most up-to-date information.

