



BioDerm, Inc.
 12320 73rd Court North, Largo, FL 33773
 Phone: (727) 507-7655
 Email: CustomerCare@BioDermInc.com
 Web: BioDermInc.com



Doctor Name: _____

Date: _____

Patient Name: _____

FAX NUMBER: 888-920-9370

Number of pages: 2

Letter of Medical Necessity

Dear

Your patient has requested to use Men's Liberty™ to help manage their urinary incontinence. Men's Liberty is an innovative life enhancing alternative to external condom-style catheters or adult diapers. Men's Liberty is an external collection pouch that keeps the patient dry and infection free, it is an alternative to UTI prone condom catheters and adult diapers. If you are not familiar with the product we are more than happy to provide you with a physicians kit with samples, educational materials and application videos. We also have nurses on staff who are available to discuss specific issues, or any other questions regarding our product.

Men's Liberty product is covered by Medicare and most major insurances. In order to ensure coverage we must have a **completed Letter of Medical Necessity as well as a one line patient note on your letterhead, prescription pad, or easier still, in your progress notes that indicate the incontinence issue.** On the following page we have included examples of patient notes that validate the use of the product, as well as Plan of Care Information in order to make this necessary process as simple as possible with respect of your valuable time.

Our customer service number is 800-864-6755 if you have any questions or if there is anything further we can provide.

Thanking you in advance,

Men's Liberty Team

www.MensLiberty.com



"I have been using Men's Liberty for two years now. The Liberty has given me a life back. I almost lived in the bathroom, not anymore! I feel so secure knowing I won't leak."

- D. Keil, Illinois

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Letter of Medical Necessity – Fax Completed Form & Patient Note to 888-920-9370

1 Patient Information

Physician Order Start Date: _____

Patient Name: _____

Address: _____

Birth Date: _____ Insurance Number : _____

Phone: _____

2 Diagnosis

My patient experiences the following type of urinary incontinence (check all that apply):

Diagnosis (ICD-10 and equivalent ICD-9)

- R32: Unspecified Urinary Incontinence (788.30)
- N39.43: Post Void Dribbling (788.35)
- N39.41: Urge Incontinence (788.31)
- N39.44: Nocturnal Enuresis (788.36)
- N39.3: Stress Incontinence (male) (female) (788.32)
- N39.46: Mixed Incontinence (788.33)
- N39.45: Continuous Leakage (788.37)
- N39.498: Other Specified Urinary Incontinence (788.39)

3 Patient Note/Progress Note

A Progress Note or Patient Note on your letterhead or prescription pad is REQUIRED.

Patient Note examples:

Patient: Jim R. - Brandon, MS **Age:** 88

Diagnosis: Geriatric Incontinence

Patient Note states: Patient is not a candidate for condom catheters due to small anatomy/retraction, causing leakage and/or pop-off.

Patient: Frank G. - Wilmington, DE **Age:** 56 **Diagnosis:** CVA

Patient Note states: Patient is not a candidate for condom catheters due to frequent wounds/infections.

Patient: Jeffrey A. - Raleigh, NC **Age:** 88 **Diagnosis:** ALS

Patient Note states: Patient is not a candidate for condom catheters due to leakage/persistent moisture causing him to be at risk for skin irritation.

Patient: David L.- Chicago, IL **Age:** 71

Diagnosis: Prostate Cancer

Patient Note states: Patient is not a candidate for condom catheters due to sensitivity to materials and adhesive.

4 Plan of Care Information

I certify the medical necessity of BioDerm's Men's Liberty as the required therapy for this patient. Due to the patient's permanent condition and because other methods will not provide acceptable results, there is sufficient case evidence that Liberty has produced repeated successful results with other patients. I prescribe the Men's Liberty to be dispensed as follows:

Duration of Need: 99 Refills

- Men's Liberty:** 35 units/month or 90 units/3 months (A4326)
- Bed Bag:** 2 units/month or 6 units/3 months (A4357)
- Penile Clamp:** 1 units/3 month (A4356)

Physician: _____

Office Phone: _____ UPIN/NPI# : _____

5 Physician Signature: _____ Date: _____

Note: Date and signature stamps are not accepted.

The patient listed above has contacted BioDerm to request a supply of Men's Liberty devices listed on this Letter of Medical Necessity. The patient has also been informed and has acknowledged that one of the distributors listed below will be contacting them in order to process the shipment. Men's Liberty supplies are available through the following distributors:

CCS Medical
 14255 49th Street North
 Suite 301
 Clearwater, FL 33762
 Phone: 800-722-2604

**American Medical
 Distribution**
 13220 Belcher Rd. S., Unit 9
 Largo, FL 33773 USA
 Phone: 866-327-9194

Byram Healthcare
 120 Bloomingdale Rd.
 White Plains NY, 10605
 Phone: 800-340-1316

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