



BioDerm, Inc.
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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™ external collection device to help manage their urinary incontinence. Men's Liberty is an external catheter 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 and educational materials. We also have nursing assistants 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, where diapers are not. 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 a copy of your progress notes that indicate the incontinence issue and that the patient cannot use a condom catheter.**

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.

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

Sincerely,

Men's Liberty Team
www.MensLiberty.com
 1-888-920-9362



Important: The documents accompanying this transmission contain confidential information belonging to the sender that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party and is required to destroy the information after its stated need has been fulfilled. If you are not the intended recipient, you are hereby notified that any reading, disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this electronic communication in error, please notify the sender immediately and destroy the transmitted information.



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

Patient Info

Per _____ a dispensing order was completed _____. Physician Order Start Date: _____
 Patient Name: _____ DOB: _____ Phone: _____
 Address: _____ City: _____ State: _____ ZIP: _____
 Primary Insurance: _____ Primary Insurance Number: _____

ICD 10

- | | |
|---|---|
| <input type="checkbox"/> R32: Unspecified Urinary Incontinence (788.30) | <input type="checkbox"/> N39.3: Stress Incontinence (male) (788.32) |
| <input type="checkbox"/> N39.43: Post Void Dribbling (788.35) | <input type="checkbox"/> 39.46: Mixed Incontinence (788.33) |
| <input type="checkbox"/> N39.41: Urge Incontinence (788.31) | <input type="checkbox"/> 39.45: Continuous Leakage (788.37) |
| <input type="checkbox"/> N39.44: Nocturnal Enuresis (788.36) | <input type="checkbox"/> N39.498: Other Specified Urinary Incontinence (788.39) |

Medicare Patients Only Physician Order

Please attach a physician's order on letter head explaining why it is necessary for patient to use Men's Liberty

EX: John Doe DOB 01/02/03 Patient is not a candidate for condom catheters due to risk of infection
 EX: John Doe DOB 01/01/03 Patient can not use traditional condom catheters due to sensitivity to materials, and adhesive
 EX: John Doe DOB 01/02/03 Due to small anatomy John Doe is not able to use condom catheters as they cause pop-offs.

Plan of Care

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: _____
 UPIN/NPI: _____ Office Phone: _____
 Physician Signature: _____ Date: _____

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