



Letter of Medical Necessity – Fax Completed Form with Addendum to Medical Records 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 ID Number: _____ Primary Insurance Phone Number: _____

Secondary Insurance: _____ Secondary Insurance ID Number: _____ Secondary Insurance Phone 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"/> N39.46: Mixed Incontinence (788.33) |
| <input type="checkbox"/> N39.41: Urge Incontinence (788.31) | <input type="checkbox"/> N39.45: Continuous Leakage (788.37) |
| <input type="checkbox"/> N39.44: Nocturnal Enuresis (788.36) | <input type="checkbox"/> N39.498: Other Specified Urinary Incontinence (788.39) |

Amend Medical Records or Physician Order on Letterhead

Please make an addendum to the medical records or 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:

Wound Care Resources
 4 Newbern Hwy
 P.O. Box 155
 Yorkville, TN 38389
 Phone: 888-287-9797

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

American Medical Distribution
 7300 124th Ave. North
 Largo, FL 33773 USA
 Phone: 866-327-9194

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