



**BioDerm, Inc.**  
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**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

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

Amend Medical Records

**Please make an addendum to the medical record 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