Men's Liberty™

Male External Urinary Collection System

Fax the completed form to:

888-920-9370

Patient

Name: _____

DOB: _____

Primary Phone: _____ Type: _____ Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Patient Authorization to Contact:

I understand that my physician has referred me to the DME supplier named on this form for evaluation, provision, coordination, and billing of medically necessary equipment and supplies. I authorize the DME supplier and its representatives to contact me by telephone, voicemail, text message, email, or mail regarding my referral, insurance verification, equipment delivery, setup, training, maintenance, and related healthcare services. I understand that my protected health information may be shared between my physician, the DME supplier, and my health plan as permitted by applicable law for treatment, payment, and healthcare operations.

Patient Signature: _____ Date: _____

MY PATIENT IS INTERESTED IN RECEIVING INFORMATION ABOUT THE MEN'S LIBERTY MALE EXTERNAL URINARY COLLECTION SYSTEM.

Clinician

Clinician: _____ Phone: _____ Fax: _____

NPI: _____ Credentials: _____ Document Generated By: _____

Facility name: _____ Date: _____

Address: _____ City: _____

State: _____ Zip: _____

Contraindications:

Absolute (When the product should not be used at all)
- Demonstrated sensitivity to hydrocolloid (rare)
- Anatomic abnormality (severe acquired hypospadias, urethral fistula, penile shaft erosions)
- Cannot retract foreskin to expose head

Relative (When the product can be used after healing)
- Unhealed wound at application site (wait to heal)
- Active rash at application site (wait to heal)
- Active inflammation or infection of the glans, prepuce or urethra (wait to heal)
- Purulent or bloody urethral discharge (wait to heal)

bravida medical

Men's Liberty™

bravida medical
BIODERM INC., DBA BRAVIDA MEDICAL

8250 Bryan Dairy Rd., Suite 130, Largo FL 33777
Phone: 888-920-9362 | **Web:** MensLiberty.com
Email: CustomerCare@BioDermInc.com

Letter of Medical Necessity – Fax Completed Form with Addendum to Medical Records to **888-920-9370**

Patient Info

Per _____ a dispensing order was completed with a 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)
- ☐ N39.43: Post Void Dribbling (788.35)
- ☐ N39.41: Urge Incontinence (788.31)
- ☐ N39.44: Nocturnal Enuresis (788.36)
- ☐ N39.3: Stress Incontinence (male) (788.32)
- ☐ N39.46: Mixed Incontinence (788.33)
- ☐ N39.45: Continuous Leakage (788.37)
- ☐ N39.498: Other Specified Urinary Incontinence (788.39)

Medical Records Required for Insurance!

Below are examples of medical reason patient is unable to use a condom catheter. Please include reason your patient is not able to use condom catheter, attach supporting records.

- N4883 Acquired Buried Penis
- N4829 Other Inflammatory Disorders of Penis
- N390 Urinary Tract Infection, site not specified
- Q5564 Hidden Penis
- N4889 Other Specified Disorders of Penis

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: _____

Signature Stamps are NOT accepted If electronically signed, must be noted so**

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 either a distributor listed below or another partnering distributor 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

Byram Healthcare
120 Bloomingdale Rd.
White Plains NY, 10605

Edgepark
1810 Summit Commerce Park
Twinsburg, OH 44087

Fax Signed Completed Form with Addendum to Medical Records to 888-920-9370

☐ Checked ICD 10 ☐ Attached Supporting Medical Records