



LIBERTY® LETTER OF MEDICAL NECESSITY

The following information documents the medical necessity for the treatment and purchase of Liberty® products. IT IS ONLY REQUIRED FOR MEDICARE ORDERS AND SUBMISSION TO PRIVATE INSURANCES WHEN MAKING A CLAIM. This form must be completed and signed by the patient's attending physician to be valid.

Utah Medical Products, Inc. ♦ 7043 South 300 West ♦ Midvale, Utah 84047 ♦ 1-800-533-4984

PATIENT INFORMATION

Name Date of Birth
Address Phone #

MEDICAL NECESSITY INFORMATION

ICD-10-CM Diagnosis Codes LIST IN ORDER OF RELEVANCE (enter primary Dx first):
1 _____ 4 _____
2 _____ 5 _____
3 _____ 6 _____
Typical codes for reference
N39.3 Stress Incontinence (Female or Male)
N39.41 Urge incontinence
N39.42 Incontinence without sensory awareness
N39.45 Continuous leakage
N39.46 Mixed incontinence
N39.490 Overflow incontinence
N39.498 Other specified urinary incontinence
R15.9 Fecal incontinence
R32 Unspecified urinary incontinence
R39.81 Functional urinary incontinence
R39.89 Other symptoms and signs involving the genitourinary system
N31.9 Neuromuscular dysfunction of bladder, unspecified
N32.8 Other specified disorders of bladder
N36.4 Urethral functional and muscular disorders
N40.1 Enlarged prostate with lower urinary tract symptoms
N94.89 Other specified conditions associated with female genital organs and menstrual cycle
R10.2 Pelvic and perineal pain
M62.40 Contracture of muscle, unspecified site
M62.50 Muscle wasting and atrophy, not elsewhere classified, unspecified site
M62.81 Muscle weakness (generalized)
M62.838 Other muscle spasm
M99.05 Segmental and somatic dysfunction of pelvic region

Liberty® is prescribed to: (check all that apply)
Improve urethral closure function
Improve urethral sphincter function
Inhibit unwanted bladder contractions
Inhibit irritable bladder muscle
Other: _____
Other: _____

Are the pelvic nerves intact? Yes No

Prognosis: Excellent Good Fair Poor

Anticipated benefit from use: (check all that apply)
Increased pelvic muscle strength
Increased pelvic muscle coordination
Hypertrophy of pelvic floor muscles
Decreased urinary leakage
Decreased involuntary detrusor contractions
Increased voiding interval
Neuromuscular re-education
Other: _____
Other: _____

Is the expected need for the Liberty System at least 13 months? Yes No (if NO, how long? _____ months)

Has the patient undergone and failed a 4 week trial of Pelvic Muscle Exercise (PME) training? Yes No

Documentation demonstrating inadequate progress of PME training must be included with this letter.

Was the trial concluded, and has the patient had an in-office visit with the Ordering Physician, within six months prior to the Date of Signature*? Yes No

Comments:

Prescribing Physician's Name NPI #

Email Address PECOS Certified? Yes No

Facility ID number: Phone

I certify that the medical necessity information provided on this form is accurate and complete to the best of my knowledge.
Physician Signature (Medicare no longer accepts signature stamps) *Date of Signature

X _____