



LIBERTY® LETTER OF MEDICAL NECESSITY

The following information is being requested to document medical necessity for the treatment and purchase of Liberty® products.

This form must be completed and signed by the patient's attending physician to be valid.

Please fax with order form to (801) 566-2062

Utah Medical Products, Inc.
Reimbursement & Billing Hotline: 1-800-533-4984 ext. 4103

PATIENT INFORMATION

Name Date of Birth

Address Phone #

MEDICAL NECESSITY INFORMATION

Diagnosis & ICD-9-CM Codes:

- 596.59 Detrusor instability
625.6 Stress incontinence, female
625.9 Pelvic pain
728.2 Muscle weakness
728.85 Muscle spasm
739.5 Pelvic floor dysfunction
787.6 Fecal incontinence
788.31 Urge incontinence
788.32 Stress incontinence, male
788.33 Mixed incontinence
788.91 Functional urinary incontinence
788.99 Other symptoms involving urinary system
Other:
Other:

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:

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

If so, is the trial documented? Yes No

Comments:

Prescribing Physician's Name UPIN# NPI #

Address Phone #

Physician Signature Date

X