



Prescriber: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

NPI #: \_\_\_\_\_

Diagnosis Code(s): \_\_\_\_\_

Patient's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Insurance ID#: \_\_\_\_\_ LEFT RIGHT BILATERAL

- ◆ (L8000) Bras: Mastectomy/Lumpectomy/Asymmetrical Breast
- ◆ (L8010) Mastectomy Sleeves/Prosthesis Covers
- ◆ (L8015/S8460) Post Surgical Camisoles / Compression Bras
- ◆ (L8020) Foam Breast Prostheses
- ◆ (L8030/L8039) Silicone Breast Prostheses
- ◆ (L8032) Pre-Fabricated Prosthetic Nipples
- ◆ (L8033) Custom Fabricated Prosthetic Nipples
- ◆ (L8035) Custom Breast Prostheses
- ◆ (E1399) Customized Bra / Custom Moulded Nipples
- ◆ (A4280) Breast Prosthesis Adhesive
- ◆ (A4456) Adhesive Remover, Wipes, Each
- ◆ (S8424) Lymphedema Sleeves 20-30mmHg  30-40mmHg
- ◆ (S8428) Lymphedema Gloves/Gauntlets 20-30mmHg  30-40mmHg
- ◆ (E0651/E0652) Lymphedema Pump
- ◆ (E0667/E0668) Lymphedema Pump Sleeve Accessory
- ◆ (A9282) Cranial Prosthesis
- ◆ Other Code: \_\_\_\_\_ Description: \_\_\_\_\_



Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

*Qty: 12 units each / Refill = Lifetime*

# PLEASE ATTACH PROGRESS NOTES

Patient's Name: \_\_\_\_\_

Patient's DOB: \_\_\_\_\_

Member ID #: \_\_\_\_\_

Physician's Order: L8035 Custom Breast Prostheses, L8033/E1399 Custom Prosthetic Nipple for:

\_\_\_\_\_ LEFT Side

\_\_\_\_\_ RIGHT Side

\_\_\_\_\_ BILATERAL

## Letter of Medical Necessity

Your member, Ms. \_\_\_\_\_, has a diagnosis of ASYMMETRICAL BREASTS or has undergone breast surgery for her BREAST CANCER diagnosis. In an attempt to regain symmetry, she has tried the L8030 Off-the-Shelf breast prosthesis(es) which failed, due to the reasons set forth below. It is therefore Medically Necessary for her to receive L8035 Custom Breast Prosthesis(es) and/or L8033/E1399 Custom Prosthetic Nipples, to be provided by DME Supplier, BFRIN – NPI# 1467766196. Quantity is based on patient needing one prostheses to wash and one prostheses to wear per/side due to prostheses being of a very porous nature wherein when washed, it can not be worn immediately, but needs considerable dry time; during which time, patient will have another prosthesis to wear for medical necessity.

\_\_\_\_\_ Swelling due to Lymphedema / Lymph Node Removal

\_\_\_\_\_ Excessive Keloid Formation

\_\_\_\_\_ Changes to Chest Wall

\_\_\_\_\_ Asymmetrical Chest Wall

\_\_\_\_\_ Surgical Site Mismatch to Off-the-Shelf Prosthesis(es)

\_\_\_\_\_ Bone Loss/Osteoporosis

\_\_\_\_\_ Arthritis or Similar Pain Warranting Lightweight Prosthesis(es)

\_\_\_\_\_ Back, Neck and/or Shoulder Strain Aggravated by Heavy Off-the-Shelf Prosthesis(es)

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ REPLACEMENT: Reason/Explanation \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Prescriber's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Please see any attachments for additional information.

I certify that this patient is under my care and that the above described Customized Prosthesis(es), are deemed medically necessary and appropriate to her care; there is an existence of medical coverage which allows this service.

Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*According to the Women's Health and Cancer Rights Act of 1998, insurance coverage must include all stages of reconstruction of the diseased breast, procedures to restore and achieve symmetry on the opposite breast and the cost of prostheses and complications of mastectomy, including lymphedema.*