



PROSTHETICS & ORTHOTICS *restoring independence | renewing lives*

Meridian | Nampa

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[www.brownfieldstech.com](http://www.brownfieldstech.com)

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Dear Physician,

Our mutual patient would like us to bill their insurance for mastectomy items. In order for their insurance to consider payment for these items, the following documentation is required:

- ❖ **Prescription** for breast prosthesis and mastectomy bra or other garments must be current with a relative diagnosis (our Rx form complies with insurance standards).
- ❖ **Diagnosis.** ICD-10 codes are preferred, frequently used mastectomy ICD-10 codes are: C50.919, C50.019, C50.119, C50.219, C79.81, D05.90, I97.2, Z85.3, and Z90.10.
- ❖ **Medical Records / Chart Notes.**
  - Patient medical records must be generated at the same time you write your initial prescription and must state **breast prosthesis and mastectomy bra is/are reasonable and medically necessary, quantity, frequency of use.**
  - Specifics are always essential. (i.e.: mention: left, right or bilateral)
- ❖ **For Replacements** – A replacement prosthesis is allowed no earlier than every two years, and must have recent documentation (within past 12 months) in the patient's medical record from a face to face visit. Your notes must specifically state: **continued usage and medical need of breast prosthesis and mastectomy bras.**
  - For replacements prior to two years; document change of body status, obvious over-wear and tear, or lost, damaged, or stolen prosthesis, and therefore in need of sooner replacement.
  - Replacement of mastectomy bras are allowed when the items is/are no longer functional and proper documentation indicates why replacement is necessary.

**\*\*\*\* A doctor's letter or attestation is not acceptable documentation by Medicare \*\*\*\***

Please visit the following link for more information:

<https://med.noridianmedicare.com/documents/2230715/2240923/External+Breast+Prostheses.pdf/95f40483-55c4-4996-8a19-ced800d4400d>



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Patient: \_\_\_\_\_ DOB: \_\_\_\_\_

**RX: Select Any Applicable:**

- L8000 – Mastectomy Bras Qty \_\_\_\_\_ bras every \_\_\_\_\_ months
- L8015 – Post Surgical Garment Qty \_\_\_\_\_
- L8020 – Foam Form
  - Left Breast Prosthesis: Qty \_\_\_\_\_
  - Right Breast Prosthesis: Qty \_\_\_\_\_
  - Bilat Breast Prostheses: Qty \_\_\_\_\_
- L8030 – Silicone Form
  - Left Breast Prosthesis: Qty \_\_\_\_\_
  - Right Breast Prosthesis: Qty \_\_\_\_\_
  - Bilat Breast Prostheses: Qty \_\_\_\_\_
- Lifetime/Daily usage on all items checked above

ICD -10 Code(s): \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Printed Name: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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