

Dear: _____

Medicare is now enforcing the proper documentation of medical necessity of breast forms and bras.

This means that you and your physician need to have a conversation during your office visit regarding your need of products for the upcoming year. The doctor then needs to document this in your medical records.

The durable medical equipment provider who then dispenses the items will need to provide a signed copy of these records, in addition to a detailed written order, also known as a prescription, that states your diagnosis and the products needed. Without this documentation Medicare will not reimburse as no "need" has been supported. Simply stating that you had a mastectomy! lumpectomy will not suffice. A reason is needed as to why we are providing/replacing items and this must be documented by the physician.

The "need" for bras can include but are not limited to the following: bras stretched out, not comfortable, need front closure, bras needed to hold prosthetic device, past usual lifespan, etc.

The "need" for leisure forms can include but are not limited to; due to hot summers, use during exercise, for chest wall comfort etc.

The "need" for a silicone form can include: proper balance, restore symmetry, past usual lifespan, etc.

Information used to justify continued medical need must also be timely for the date of service. This means that the office visit must be within the last twelve months.

We are trying to be proactive and let you know about the above requirements. We hope you can have that conversation with your physician during your next office visit. This way you can have the appropriate documentation needed to be able to get proper reimbursement and cut down on any delays in providing you with the items you need.

If you have any further questions please do not hesitate to call me. 916-480-9501

Thank you,

Benita Kimball CMF