

Date: _____

Medical Necessity Letter

To whom it may concern

This letter is to request coverage of nipple prostheses. I had a mastectomy in __/__/__ as ablative treatment for breast cancer (ICD-10: C50.019) and my areola and nipple had to be removed. My treating physician, Dr. _____, and I discussed surgically reconstructing the nipple or fabricating a prosthesis. We determined the best reconstruction for me at this time is with a prosthesis.

In the DMERC supplier manual, CMS states that:

- An external breast is covered under the Prosthetic Devices benefit (Social Security Act §1861(s)(8) when reasonable and necessary.
- The useful lifetime expectancy for a nipple prosthesis is 3 months. (HCPCS code L8033 - Nipple prosthesis, custom fabricated, reusable, any material, any type, each).

Pink Perfect provides the service of fabricating nipple prostheses (HCPCS code L8033) at a cost of \$_____. There are no other charges (such as a CPT code) associated with this service. The expected useful lifetime expectancy of these prostheses more than 3 years. This is an exceptional value at that price, quality, and useful lifetime expectancy, and I am certain you will see the mutual benefit of using Pink Perfect for nipple prostheses as you research the options.

My personal details:

Full name: _____

ID: _____

Date of Birth: _____

Please call Pink Perfect at (646) 415-9120 if you have questions or concerns.

Sincerely,

Name & signature of the doctor: _____