Medical Necessity Letter

Date: _____

Patient Name: _____

Patient Date of Birth: _____

Patient Insurance ID #: _____

To Whom It May Concern,
This letter is written to establish the clinical medical necessity for external, medical-grade silicone nipple prostheses for the above-referenced patient.
The patient has a confirmed medical history of breast cancer and underwent a mastectomy on ___/___/___ as primary ablative treatment. This surgical intervention resulted in the acquired anatomical loss of breast tissue, including the complete removal of the native nipple and areola complex.

Current Clinical Diagnosis (Physician: Please check all applicable boxes):
[ ] **Z90.13** – Acquired absence of bilateral breasts and nipples
[ ] **Z90.11** – Acquired absence of right breast and nipple
[ ] **Z90.12** – Acquired absence of left breast and nipple
[ ] **Z85.3** – Personal history of malignant neoplasm of breast
[ ] **C50.011** – Malignant neoplasm of nipple and areola, right female breast
[ ] **C50.012** – Malignant neoplasm of nipple and areola, left female breast

Following a clinical evaluation of the post-surgical site, the patient and I have discussed the therapeutic options of complex surgical nipple reconstruction versus external prosthetic fabrication. Due to the patient's specific clinical profile, tissue geometry, and personal preference, it has been determined that external prosthetic restoration is the most effective and safest clinical option for anatomical rehabilitation at this time.

Under the federal mandates of the **Women's Health and Cancer Rights Act (WHCRA)**, health insurance groups covering mastectomies are required to cover post-mastectomy prostheses and physical complications at all stages of recovery. Furthermore, **Centers for Medicare & Medicaid Services (CMS)** guidelines establish that external breast and nipple prostheses are a fully covered medical benefit under the Prosthetic Devices benefit (*Social Security Act §1861(s)(8)*).

I have prescribed the high-fidelity medical-grade silicone prostheses and supplies manufactured by Pink Perfect. **These products have undergone formal review and received official PDAC (Pricing, Data Analysis, and Coding) verification by CMS contractors for billing under the following HCPCS classifications:**

Prescribed Medical Equipment (Physician: Please check one):
[ ] **HCPCS L8032** – Nipple prosthesis, prefabricated, reusable, any type, each (PDAC Verified)
[ ] **HCPCS L8033** – Nipple prosthesis, custom fabricated, reusable, any material, any type, each (PDAC Verified)
[ ] **HCPCS A9900** – Skinister Medical Adhesive & Remover Kit (Prosthetic Supply / Accessory Component) (PDAC Verified)
Quantity Prescribed: [ ] One (1) Unit / [ ] Two (2) Units (Bilateral)

These devices are vital to the patient's psychological and anatomical restoration. Because Pink Perfect operates as an out-of-network manufacturer, I respectfully request that this direct patient-purchase claim be approved for direct out-of-pocket member reimbursement at the maximum allowable benefit rate.

Please contact my office or the manufacturer, Pink Perfect, at (646) 415-9120 if you require any additional clinical documentation.

Sincerely,

Physician Name (Printed): _____

Physician NPI #: _____

Physician Signature: _____