



## ORDERING EXTERNAL BREAST PROSTHESES AND SUPPLIES

**Target Audience:** Medicare Fee-For-Service Providers and DMEPOS Suppliers

The Hyperlink Table, at the end of this document, provides the complete URL for each hyperlink.

### Physicians, Are You Ordering External Breast Prostheses and Supplies for Your Patients?

Following this guidance will help your patients and the Medicare program verify the medical documentation required for external breast prostheses and supplies.

Medicare coverage requires the patient's medical record to show a past mastectomy and a valid, complete detailed written order (DWO). Coverage includes supplies both at the time of the mastectomy and after.

The Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) supplier must have a verbal/dispensing/preliminary order prior to providing the prostheses and/or supplies. The supplier cannot submit a claim to the Medicare program for reimbursement until you supply a DWO. The DWO must contain the elements in Table 1. Help your patient by providing this timely.

There must also be information in the patient's medical record that justifies continued medical need and it must be made available to the supplier or review contractor upon request.

The following may serve as documentation justifying continued medical need for the External Breast Prostheses and supplies:

- A recent order by the treating physician for refills
  - Does not have to be the surgeon
  - Current treatment not necessarily related to the mastectomy, however addressing ongoing care
- A recent change in prescription
- Timely documentation in beneficiary's medical record showing usage of item(s)
  - Defined as a record entered in preceding 12 months
  - Must indicate mastectomy or absence of breast
  - In absence of evidence of reconstruction, original mastectomy surgery documentation is sufficient to verify mastectomy

**Table 1. Detailed Written Orders Documentation**

<b>DWO Elements Prior to Billing</b>	<b>For Periodic Items (that is, bras) DWO Must Also Include:</b>
Beneficiary's name	Item(s) to be dispensed
Date of the order	Frequency (how often are bras to be dispensed)
Description of the items (may be a narrative description, an HCPCS code, an HCPCS description, or manufacturer make/model number)	Quantity to be dispensed (number of bras)
Prescribing practitioner's signature and signature date (date only if applicable)	N/A

Please review Policy Article A55426, [Standard Documentation Requirements for All Claims Submitted to DME MACs](#), for Medicare's requirements on orders, refills, delivery, and other relevant information.

For coverage and limitations of these supplies, review Local Coverage Determination (LCD) [L33317](#) and Policy Article [A52478](#). Locate the various MAC LCDs at:

**[Jurisdiction A](#)** – CT, DE, MA, ME, MD, NH, NJ, NY, PA, RI, VT, Washington D.C.

**[Jurisdiction B](#)** – IL, IN, KY, MI, MN, OH, WI

**[Jurisdiction C](#)** – AL, AR, CO, FL, GA, LA, MS, NM, NC, OK, Puerto Rico, SC, TN, TX, Virgin Islands, VA, WV

**[Jurisdiction D](#)** – American Samoa, Guam, Northern Mariana Islands., AK, AZ, CA, HI, ID, IA, KS, MO, MT, NE, NV, ND, OR, SD, UT, WA, WY

## Resources

**Table 2. Resources**

<b>Resource</b>	<b>Website</b>
DME Center	<a href="https://www.cms.gov/Center/Provider-Type/Durable-Medical-Equipment-DME-Center.html">CMS.gov/Center/Provider-Type/Durable-Medical-Equipment-DME-Center.html</a>
DMEPOS Fee Schedule	<a href="https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/DMEPOSFeeSched/DMEPOS-Fee-Schedule.html">CMS.gov/Medicare/Medicare-Fee-for-Service-Payment/DMEPOSFeeSched/DMEPOS-Fee-Schedule.html</a>
DMEPOS Transmittals	<a href="https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/DMEPOSFeeSched/DMEPOS-Transmittals.html">CMS.gov/Medicare/Medicare-Fee-for-Service-Payment/DMEPOSFeeSched/DMEPOS-Transmittals.html</a>
Medicare Benefit Policy Manual – Covered Medical and Other Health Services	<a href="https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf">CMS.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf</a>
Medicare Claims Processing Manual – DMEPOS	<a href="https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c20.pdf">CMS.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c20.pdf</a>

**Table 3. Hyperlink Table**

Embedded Hyperlink	Complete URL
A52478	<a href="https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52478&amp;ver=8&amp;LCDId=33317&amp;DocID=L33317&amp;SearchType=Advanced&amp;bc=IAAABABAAAA&amp;">https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52478&amp;ver=8&amp;LCDId=33317&amp;DocID=L33317&amp;SearchType=Advanced&amp;bc=IAAABABAAAA&amp;</a>
Jurisdiction A	<a href="https://med.noridianmedicare.com/web/jadme/policies/lcd/active">https://med.noridianmedicare.com/web/jadme/policies/lcd/active</a>
Jurisdiction B	<a href="https://www.cgsmedicare.com/jb/coverage/lcdinfo.html">https://www.cgsmedicare.com/jb/coverage/lcdinfo.html</a>
Jurisdiction C	<a href="https://www.cgsmedicare.com/jc/coverage/lcdinfo.html">https://www.cgsmedicare.com/jc/coverage/lcdinfo.html</a>
Jurisdiction D	<a href="https://med.noridianmedicare.com/web/jddme/policies/lcd/active">https://med.noridianmedicare.com/web/jddme/policies/lcd/active</a>
L33317	<a href="https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33317&amp;ver=14&amp;DocID=L33317&amp;SearchType=Advanced&amp;bc=IAAABABAAAA&amp;">https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33317&amp;ver=14&amp;DocID=L33317&amp;SearchType=Advanced&amp;bc=IAAABABAAAA&amp;</a>
Standard Documentation Requirements for All Claims Submitted to DME MACs	<a href="https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=55426&amp;ver=50&amp;NCDId=219&amp;ncdver=2&amp;SearchType=Advanced&amp;CoverageSelection=Both&amp;NCSelection=NCA%7cCAL%7cNCD%7cMEDCAC%7cTA%7cMCD&amp;ArticleType=Ed%7cKey%7cSAD%7cFAQ&amp;PolicyType=Final&amp;s=5%7c6%7c66%7c67%7c44&amp;KeyWord=wheelchair&amp;KeyWordLookUp=Doc&amp;KeyWordSearchType=Exact&amp;kq=true&amp;bc=IAAACAAAA&amp;">https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=55426&amp;ver=50&amp;NCDId=219&amp;ncdver=2&amp;SearchType=Advanced&amp;CoverageSelection=Both&amp;NCSelection=NCA%7cCAL%7cNCD%7cMEDCAC%7cTA%7cMCD&amp;ArticleType=Ed%7cKey%7cSAD%7cFAQ&amp;PolicyType=Final&amp;s=5%7c6%7c66%7c67%7c44&amp;KeyWord=wheelchair&amp;KeyWordLookUp=Doc&amp;KeyWordSearchType=Exact&amp;kq=true&amp;bc=IAAACAAAA&amp;</a>

The Comprehensive Error Rate Testing (CERT) DME Contractor Task Force is independent from the Centers for Medicare & Medicaid Services (CMS) CERT team and CERT contractors, which are responsible for calculation of the Medicare fee-for-service improper payment rate.

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