

**Cherry Blossom Intimates**  
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### Certificate of Medical Necessity-General

Use this form to replace item(s) prior to the insurance time limit of your current item(s)

Date: \_\_\_\_\_

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

(attach office/hospital demographic sheet to this form)

- |  |                                       |
|--|---------------------------------------|
| ___ Right breast cancer C50.911          | ___ Right Mastectomy C90.11           |
| ___ Left breast cancer C50.912           | ___ Left Mastectomy C90.12            |
| ___ History of breast cancer Z85.3       | ___ Bilateral Mastectomy C90.13       |
| ___ Congenital absence breast Q83.0      | ___ Cancer gene carrier Z15.01        |
| ___ Breast asymmetry after surgery N65.1 | ___ Breast deformity/asymmetry N64.89 |
| ___ Other Diagnosis: _____               |                                       |

Side: \_\_\_\_\_ Right \_\_\_\_\_ Left \_\_\_\_\_ Bilateral

**Patient has a need for new/replacement items due to (Check all that apply):**

- \_\_\_ significant weight loss since last order/script
- \_\_\_ significant weight gain since last order/script
- \_\_\_ asymmetry visible difference in clothing and balance
- \_\_\_ chest wall changes due to radiation, additional surgery or other treatments
- \_\_\_ bone loss or osteoporosis
- \_\_\_ discomfort (neck and/or shoulder pain) with current prosthesis
- \_\_\_ painful scarring
- \_\_\_ accidental damage to current prosthesis/bra or unintentional loss of items
- \_\_\_ new onset or worsening lymphedema causing improper fit of current prosthesis

- \_\_\_\_\_ Mastectomy bra (L8000)
- \_\_\_\_\_ Post-surgical garment/camisole (L8015)
- \_\_\_\_\_ Breast prosthesis, mastectomy form (L8020)
- \_\_\_\_\_ Breast prosthesis, silicone (L8030)
- \_\_\_\_\_ Nipple prosthesis (L8032)

Quantity: maximum per insurance Refill: Lifetime

Physician/Provider name (print): \_\_\_\_\_ NPI \_\_\_\_\_

Provider signature \_\_\_\_\_ Date: \_\_\_\_\_