

Fax Transmittal and Prescription/Order/CMN

TOUCHING YOU, INC.,

1564F MONTGOMERY HIGHWAY,

BIRMINGHAM, AL 35216

205-823-6407

Attn: _____

FAX 205-823-9996 (must include area code even when faxing locally)

TO: _____ FAX# _____

PLEASE COMPLETE THE FOLLOWING ORDER.

This facsimile contains private health information that you are required by law to maintain in a secure and confidential manner. It is intended only for the individual or entity listed above. If the reader of this facsimile is not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this information is strictly prohibited by State and Federal law. If you are not the intended recipient, please notify us immediately at (205) 823-6407. Thank you for your cooperation.

TOUCHING YOU, INC., 1564F MONTGOMERY HIGHWAY, BIRMINGHAM, AL 35216

(205) 823-6407 Fax (205) 823-9996

ORDER/PRESCRIPTION/CERTIFICATE OF MEDICAL NECESSITY

PATIENT INFORMATION

DATE: _____

PATIENT'S NAME: _____ DOB _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

MEDICARE NO.:(HICN) _____

CLINICAL INFORMATION

PRESCRIBED DATE: _____ LENGTH OF NEED: **Lifetime**

DIAGNOSIS: _____ *(all that apply) Breast Cancer ICD 10 Codes (see page 2)

PROGNOSIS: _____

PROCEDURE CODES:

Breast Prosthesis(ses)Silicone (L8030) _____ Right _____ Left _____

Breast Prosthesis(ses)Non-Silicone(L8020) _____ Right _____ Left _____

Prosthesis Holders (Bras)(L8000) _____

Lymphodema Sleeve: Right _____ Left _____

Please check one:(Class I (20-30mmHg) _____ (Class II(30-40mmHg) _____

Guantlet or Glove (with fingers) _____

Cranial Prosthesis (Wig) A9282 _____ *include diagnosis code(s) for chemo, radiation, surgery

Post/Pre-Surgery Camisole (L8015) _____ Other Equipment: _____

Chart Notes are required for all Medicare Patients (office is not required for written order)

PHYSICIAN'S INFORMATION:

PHYSICIAN'S NAME: _____

ADDRESS: _____

PHONE# _____ UPIN# _____ NPI# _____

PHYSICIAN'S SIGNATURE _____ **DATE:** _____

(Original signature is required)

Thank you, PLEASE SIGN AND FAX A COPY OF THIS ORDER TO (205)823-9996

Page Two – *Order/Prescription/Certificate of Medical Necessity*

Please include all codes that apply to (treatment) chemotherapy, radiation, surgery and diagnosis (leukemia, lung cancer, ovarian, etc.)

Diagnosis Codes for surgery (alteration of breast) for breast cancer

ICD 10 Codes

- C50.011 Malignant neoplasm of nipple and areola, right female breast
- C50.012 Malignant neoplasm of nipple and areola, left female breast
- C50.019 Malignant neoplasm of nipple and areola, unspecified female breast
- C50.11 Malignant neoplasm of central portion of breast, female
- C50.111 Malignant neoplasm of central portion of right female breast
- C50.112 Malignant neoplasm of central portion of left female breast
- C50.119 Malignant neoplasm of central portion of unspecified female breast
- C50.21 Malignant neoplasm of upper-inner quadrant of breast, female
- C50.211 Malignant neoplasm of upper-inner quadrant of right female breast
- C50.212 Malignant neoplasm of upper-inner quadrant of left female breast
- C50.219 Malignant neoplasm of upper-inner quadrant of unspecified female breast
- C50.31 Malignant neoplasm of lower-inner quadrant of breast, female
- C50.311 Malignant neoplasm of lower-inner quadrant of right female breast
- C50.312 Malignant neoplasm of lower-inner quadrant of left female breast
- C50.319 Malignant neoplasm of lower-inner quadrant of unspecified female breast
- C50.411 Malignant neoplasm of upper-outer quadrant of right female breast
- C50.412 Malignant neoplasm of upper-outer quadrant of left female breast
- C50.419 Malignant neoplasm of upper-outer quadrant of unspecified female breast
- C50.511 Malignant neoplasm of lower-outer quadrant of right female breast
- C50.512 Malignant neoplasm of lower-outer quadrant of left female breast
- C50.519 Malignant neoplasm of lower-outer quadrant of unspecified female breast
- C50.611 Malignant neoplasm of axillary tail of right female breast
- C50.612 Malignant neoplasm of axillary tail of left female breast
- C50.619 Malignant neoplasm of axillary tail of unspecified female breast
- C50.811 Malignant neoplasm of overlapping sites of right female breast
- C50.812 Malignant neoplasm of overlapping sites of left female breast
- C50.819 Malignant neoplasm of overlapping sites of unspecified female breast
- C50.911 Malignant neoplasm of unspecified site of right female breast
- C50.912 Malignant neoplasm of unspecified site of left female breast
- C50.919 Malignant neoplasm of unspecified site of unspecified female breast

Radiation Therapy

Z51:0 Encounter for antineoplastic radiation therapy

Breast Asymmetry

N64.89 Other specified disorders of breast

Chemotherapy

Z51.11 Encounter for antineoplastic chemotherapy

Lymphedema

I97.2 post mastectomy lymphedema

I89.0 Lymphedema, not elsewhere classified