



ATTN: UTILIZATION/AUTHORIZATIONS DEPARTMENT

Thank you for choosing HERS Breast Cancer Foundation Program Stores for your patient's post-surgical needs. We are receiving a high volume of DME referrals, and we want to ensure that the information provided is accurate.

We require a **completed** prescription or an authorization before we can schedule an appointment. Please take the necessary steps below to assist us in providing the best care for your patient.

If you have any questions, please feel free to contact us:
 Phone: 510-790-1911 (leave auth inquiries at ext.111) | Fax: 510-505-9160

Or send an e-mail for further assistance:

Vanessa Valdez
 Vanessa@hersbreastcancerfoundation.org

Thank You,
 HERS Breast Cancer Foundation

Prescriptions and Authorizations Process

Please refer to the list below for the **ONLY** billable CPT codes that we can dispense:

CPT Code	Product	Quantity
L8000	Surgical Bras	3
L8030 (silicone) L8020 (foam) L8035 (custom)	Breast Prosthesis	1 or 2 Patient is eligible for 2 only with bilateral Diagnosis
L8015	Post Surgical Garment (<i>only for patients who are scheduled for a mastectomy</i>)	2
A9282	Cranial Prosthesis (wig) This will require hair loss Diagnosis in addition to breast cancer	1

Please provide lymphedema AND breast cancer diagnosis for the products listed below:

A6578 OR L8010	Compression Sleeves (Ready Made)	2
A6581	Compression Gloves (Ready Made)	2
A6582	Compression Gauntlet (Ready made)	2

All products are dispensed yearly except for Breast Prosthesis which is every 2 years. Medicare (Primary) patients get products every 6 months and Breast Prosthesis every 2 years.



For patients with PPO and Medicare insurance plans:

Have MD complete and sign a prescription.

For patients with HMO insurance plans:

MD must fax a prior-authorization request to the patient's insurance plan. Request must include:

- Completed prior authorization request form.
- Patient clinicals/history and physical
- Signed prescription or referral from MD with the correct CPT codes and quantity.

Fax us the **approved** authorization from the insurance provider.

Prescriptions and/or authorizations we receive must have:

- ✓ Patient demographics
- ✓ Insurance information
- ✓ Correct CPT codes and quantity
- ✓ MD signature and NPI
- ✓ If HMO, Authorization number from the insurance provider (*we can't accept the referral no. from the MD office*)
- ✓ ICD-10 Breast cancer diagnosis AND lymphedema diagnosis if patient needs lymphedema products.

Some insurance plans that require prior authorization:

- Alameda Alliance
- Valley Health Plan
- Santa Clara Family Health Plan
- Contra Costa Family Health Plan
- Kaiser (new requests). Call DME line for refills: 1-877-317-6230
- **Blue Shield (PPO requires authorization for breast prosthesis L8030, L8020, and L8035)**
- Healthnet
- Brand New Day
- Essence
- Central Health
- Any IPA
- Physicians Medical Group
- Hills Physicians
- United Healthcare and Blue Cross Medicare Advantage Plans



Billable Diagnosis Codes (ICD-10):

Breast Cancer billable ICD-10 codes but not limited to:

c50.919; c50.911; c50.912; D05.90; z85.3; z90.13

When submitting a request for patients with a bilateral diagnosis, please specify codes for bilateral history, unspecified site, or provide both diagnosis codes for left and right sides.

Lymphedema billable ICD-10 codes but not limited to:

i89.0; i97.0 - include both Breast Cancer and Lymphedema ICD-10

At-risk for lymphedema, no active lymphedema, and prophylactic (preventative) patients will be paying out of pocket with a 20% discount (Rx/Auth provided and a Hx of breast cancer).

Hair Loss billable ICD-10 codes but not limited to:

L65.9 - include both Breast Cancer and Hair Loss ICD-10