



SSMHealth.
at Home

Mastectomy Prosthesis & Bra RX

FAX COVER

To: _____ From: _____
 Fax: _____ Pages: _____
 Phone: _____ Date: _____

Remarks: Urgent For Your Review Please Comment Please Reply

Message: Please complete all the information below for your order of postmastectomy prosthesis & bras. This Rx (completely filled out) will serve as a detailed order.

Date: _____ Surgery Date: _____

Patient Name: _____ DOB: _____

Patient Address: _____

Diagnosis: _____
(Required for insurance reimbursement)

Number of Bras/Camisoles: _____ Number of Refills: 11 Length of Need: 12

Left Right Bilateral Breast Prosthesis

Camisole dress size: _____

Provider Name (please print): _____

Provider Signature: _____ Date: _____

Provider Address: _____

NPI#: _____

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ssmhealth.com/HomeHealthReferrals

C50.011	Malignant Neoplasm of nipple and areola, right female breast
C50.012	Malignant neoplasm of nipple and areola, left female breast
C50.111	Malignant neoplasm of central portion of right female breast
C50.112	Malignant neoplasm of central portion of left female breast
C50.211	Malignant neoplasm of upper-inner quadrant of right female breast
C50.212	Malignant neoplasm of upper inner quadrant of left female breast
C50.311	Malignant Neoplasm of lower-inner quadrant of right female breast
C50.312	Malignant Neoplasm of lower-inner quadrant of left 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
C50.511	Malignant Neoplasm of lower-outer quadrant of right female breast
C50.512	Malignant Neoplasm of lower-outer quadrant of left female breast
C50.611	Malignant Neoplasm of axillary tail of right female breast
C50.612	Malignant Neoplasm of axillary tail of left female breast
C50.811	Malignant Neoplasm of overlapping sites of right female breast
C50.812	Malignant Neoplasm of overlapping sites of left female breast
C50.911	Malignant Neoplasm of unspecified site of right female breast
C50.912	Malignant Neoplasm of unspecified site of left female breast
C79.81	Secondary malignant neoplasm of breast
D05.00	Lobular carcinoma in situ of unspecified breast
D05.01	Lobular carcinoma in situ of right breast
D05.02	Lobular carcinoma in situ of left breast
D05.11	Intraductal carcinoma in situ of right breast
D05.12	Intraductal carcinoma in situ of left breast
D05.81	Other specified type of carcinoma situ of right breast
D05.82	Other specified type of carcinoma situ of left breast
D05.91	Unspecified type of carcinoma in situ of right breast
D05.92	Unspecified type of carcinoma in situ of right breast
I97.2	Postmastectomy Lymphedema syndrome
Z85.3	Personal history of malignant neoplasm of breast
Z90.11	Acquired absence of right breast and nipple
Z90.12	Acquired absence of left breast and nipple
Z90.13	Acquired absence of bilateral breast and nipples