

MEDICARE Standard Written Order

NOTE: Medicare Requires a Lymphedema Diagnosis for ALL Compression Garments.

Patient Information

Name: _____ DOB: _____

Address: _____ City/State/Zip: _____ Phone: _____

Diagnosis/ICD Code: _____ Surgery Date: _____ Left Right Bilateral

Primary Insurance Carrier: _____ Member ID #: _____

Referring Physician/Provider Information

Name: _____ NPI: _____

Address: _____ City/State: _____ Zip: _____

Phone: _____ Fax: _____

Signature: _____ Order Date: _____

By signing I verify that the products noted below are medically necessary and agree that they may be dispensed by an accredited DME/prosthetics provider in quantities noted on this Order.

<u>HCP Code</u>	<u>Product Description</u>	<u>Quantity</u>	<u>Refill/Freq</u>
L8000	Post-Surgery Pocketed Bra _ _ _ _ _		
L8015	Post-Surgery Garment/Camisole _ _ _ _ _		
L8020	Breast Prosthesis Non-Silicone _ _ _ _ _		
L8030	Breast Prosthesis Silicone or Equal Without Adhesive _ _ _		
L8032	Nipple Prosthesis, Reusable, Any Type _ _ _ _ _		
A6568	Compression Garment Torso & Shoulder (Bra) - Daytime _ _ _ _ _		
A6528	Compression Garment, Bra - Nighttime _ _ _ _ _		
A6576	Custom Gradient Compression Arm Sleeve _ _ _ _ _		
A6578	Gradient Compression Arm Sleeve _ _ _ _ _		
A6579	Custom Gradient Compression Glove _ _ _ _ _		
A6581	Gradient Compression Glove _ _ _ _ _		
A6565	Custom Gradient Compression Gauntlet _ _ _ _ _		
A6582	Gradient Compression Gauntlet _ _ _ _ _		
A6549	Gradient Compression Garment Daytime, not Otherwise Specified		

Medical Records MUST be submitted with written Order. FAX Medical Records & Order to 773-348-2228

Medicare allows: One, L8030 per side, every 24 months; One L8020, per side, every 6 months;

Medicare allows: One, L8000 per month, every month; Three Compression Garments, per side, every 6 months.

Order must state the quantity the ordering individual is stating as medically necessary.

Second Act Cancer Recovery Boutique - Accredited by ABCOP, Inc.
 2768 North Lincoln Avenue, Chicago, Illinois 60614-1321 Phone: 773.525.2228
 Contact: Pattie Cagney Sheehan, CFM - Owner and Certified Mastectomy Fitter
Fax: 773.348.2228 or email: pattie@secondactchicago.com



Second Act is contracted to receive Medicare, Medicaid, Blue Cross Blue Shield PPO & HMO
 and will file insurance claims on behalf of beneficiaries with these providers.

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eff: Apr 2025