



External Breast Prosthesis/Bra

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Definitions

1. Custom Fabricated Prosthesis: A particular type of custom fabricated prosthesis in which an impression is made of the chest wall that is then used to make a positive model of the chest wall. The prosthesis is then molded on to the model.
2. External Breast Prosthesis Garment: A camisole type garment with polyester fill.
3. Form: Integrated insert to the garment.
4. Lifetime Expectancy:
 - a. Silicone = 2 years.
 - b. Fabric, foam, or fiber filled = 6 months.

Guideline

Members are eligible for coverage of breast prostheses for the useful lifetime of the item(s), as shown in the below.

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| Post single mastectomy | 1 breast prosthesis for the affected side for the useful lifetime of the prosthesis. |
| Post bilateral mastectomy | 2 prostheses (1 per side) for the useful lifetime of the prostheses. |

1. An external breast prosthesis garment with mastectomy form (L8015) is covered for use in either of the following circumstances:
 - a. Postoperative period prior to permanent breast prosthesis
 - b. As an alternative to a mastectomy bra and breast prosthesis
2. A mastectomy bra (L8000) is covered for a member who has a covered mastectomy form (L8020) or silicone (or equal) breast prosthesis (L8030) when the pocket of the bra is used to hold the form/prosthesis.
3. The same type of external breast prosthesis can be replaced at any time if it is either:

- a. Lost
 - b. Irreparably damaged (does not include ordinary wear and tear)
4. A different type of external breast prosthesis may be covered at any time if there is a documented change in the medical condition necessitating a different type of item

Documentation

A signed and dated order by the treating physician must be submitted to the supplier; stipulating the following:

- 1. Prosthesis type
- 2. Narrative diagnosis and/or ICD-9 diagnosis code

Limitations/Exclusions

- 1. The additional features of a custom fabricated prosthesis (compared to prefabricated silicone breast prosthesis) are not medically necessary.
- 2. Allowable replacement frequency:
 - a. 1 external breast prosthesis per side for the useful lifetime of the prosthesis
 - b. 2 prostheses (1 per side) for members who have had bilateral mastectomies
 - c. Silicone, fabric, foam or fiber filled breast prostheses are not considered medically necessary if replaced prior to the useful lifetime expectancy ([Definition Section](#))

Applicable Procedure Codes

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| A4280 | Adhesive skin support attachment for use with external breast prosthesis, each |
| L8000 | Breast prosthesis, mastectomy bra, without integrated breast prosthesis form, any size, any type |
| L8001 | Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral, any size, any type |
| L8002 | Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral, any size, any type |
| L8010 | Breast prosthesis, mastectomy sleeve Note: A mastectomy sleeve is denied as noncovered since it does not meet the definition of prosthesis. |
| L8015 | External breast prosthesis garment, with mastectomy form, post mastectomy |
| L8020 | Breast prosthesis, mastectomy form |
| L8030 | Breast prosthesis, silicone or equal, without integral adhesive |
| L8031 | Breast prosthesis, silicone or equal, with integral adhesive Note: Breast prostheses, silicone or equal, with integral adhesive have not been demonstrated to have a clinical advantage over those without the integral adhesive; therefore, if L8031 is billed, it will be denied as not reasonable and necessary |
| L8032 | Nipple prosthesis, reusable, any type, each |
| L8035 | Custom breast prosthesis, post mastectomy, molded to patient model Note: The medical necessity for the additional features of a custom fabricated prosthesis compared to prefabricated silicone breast prosthesis has not been established; therefore, if an L8035 breast prosthesis is billed, it will be denied as not reasonable and necessary. |
| L8039 | Breast prosthesis, not otherwise specified |

Applicable ICD-10 Codes

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| 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 |
| C50.111 | 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 |
| C50.211 | 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 |
| C50.311 | 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 |
| 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 |
| D05.10 | Intraductal carcinoma in situ of unspecified breast |
| D05.11 | Intraductal carcinoma in situ of right breast |
| D05.12 | Intraductal carcinoma in situ of left breast |
| D05.80 | Other specified type of carcinoma in situ of unspecified breast |
| D05.81 | Other specified type of carcinoma in situ of right breast |
| D05.82 | Other specified type of carcinoma in situ of left breast |
| D05.90 | Unspecified type of carcinoma in situ of unspecified breast |

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| D05.91 | Unspecified type of carcinoma in situ of right breast |
| D05.92 | Unspecified type of carcinoma in situ of left breast |
| I97.2 | Postmastectomy lymphedema syndrome |
| Z85.3 | Personal history of malignant neoplasm of breast |
| Z90.10 | Acquired absence of unspecified breast and nipple |
| Z90.11 | Acquired absence of right breast and nipple |
| Z90.12 | Acquired absence of left breast and nipple |
| Z90.13 | Acquired absence of bilateral breasts and nipples |

References

Noridian Healthcare Solutions. External Breast Prostheses. Local Coverage Determination External Breast Prostheses. October 2015.

<https://med.noridianmedicare.com/documents/6547796/6558289/External+Breast+Prostheses.pdf/95f40483-55c4-4996-8a19-ced800d4400d>. Accessed May 1, 2017.

Specialty-matched clinical peer review.

The Women's Health and Cancer Rights Act of 1998 (Federal Law).