

External Breast Prosthesis/Bra

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Medical Guideline Disclaimer

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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.

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

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

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
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. January 2020. <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=33317>. Accessed July 8, 2022.

Specialty-matched clinical peer review.

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