External Breast Prosthesis/Bra

Last Review Date: April 21, 2017

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.

<table>
<thead>
<tr>
<th>Post single mastectomy</th>
<th>1 breast prosthesis for the affected side for the useful lifetime of the prosthesis.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post bilateral mastectomy</td>
<td>2 prostheses (1 per side) for the useful lifetime of the prostheses.</td>
</tr>
</tbody>
</table>

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:
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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A4280</td>
<td>Adhesive skin support attachment for use with external breast prosthesis, each</td>
</tr>
<tr>
<td>L8000</td>
<td>Breast prosthesis, mastectomy bra, without integrated prosthesis form, any size, any type</td>
</tr>
<tr>
<td>L8001</td>
<td>Breast prosthesis, mastectomy bra, with integrated prosthesis form, unilateral, any size, any type</td>
</tr>
<tr>
<td>L8002</td>
<td>Breast prosthesis, mastectomy bra, with integrated prosthesis form, bilateral, any size, any type</td>
</tr>
<tr>
<td>L8010</td>
<td>Breast prosthesis, mastectomy sleeve</td>
</tr>
<tr>
<td>L8015</td>
<td>External breast prosthesis garment, with mastectomy form, post mastectomy</td>
</tr>
<tr>
<td>L8020</td>
<td>Breast prosthesis, mastectomy form</td>
</tr>
<tr>
<td>L8030</td>
<td>Breast prosthesis, silicone or equal, without integral adhesive</td>
</tr>
<tr>
<td>L8031</td>
<td>Breast prosthesis, silicone or equal, with integral adhesive</td>
</tr>
<tr>
<td>L8032</td>
<td>Nipple prosthesis, reusable, any type, each</td>
</tr>
<tr>
<td>L8035</td>
<td>Custom breast prosthesis, post mastectomy, molded to patient model</td>
</tr>
<tr>
<td>L8039</td>
<td>Breast prosthesis, not otherwise specified</td>
</tr>
</tbody>
</table>

Note: A mastectomy sleeve is denied as noncovered since it does not meet the definition of prosthesis.

Applicable ICD-10 Codes
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>C50.011</td>
<td>Malignant neoplasm of nipple and areola, right female breast</td>
</tr>
<tr>
<td>C50.012</td>
<td>Malignant neoplasm of nipple and areola, left female breast</td>
</tr>
<tr>
<td>C50.019</td>
<td>Malignant neoplasm of nipple and areola, unspecified female breast</td>
</tr>
<tr>
<td>C50.111</td>
<td>Malignant neoplasm of central portion of right female breast</td>
</tr>
<tr>
<td>C50.112</td>
<td>Malignant neoplasm of central portion of left female breast</td>
</tr>
<tr>
<td>C50.119</td>
<td>Malignant neoplasm of central portion of unspecified female breast</td>
</tr>
<tr>
<td>C50.211</td>
<td>Malignant neoplasm of upper-inner quadrant of right female breast</td>
</tr>
<tr>
<td>C50.212</td>
<td>Malignant neoplasm of upper-inner quadrant of left female breast</td>
</tr>
<tr>
<td>C50.219</td>
<td>Malignant neoplasm of upper-inner quadrant of unspecified female breast</td>
</tr>
<tr>
<td>C50.311</td>
<td>Malignant neoplasm of lower-inner quadrant of right female breast</td>
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<tr>
<td>C50.312</td>
<td>Malignant neoplasm of lower-inner quadrant of left female breast</td>
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<tr>
<td>C50.319</td>
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<tr>
<td>C50.411</td>
<td>Malignant neoplasm of upper-outer quadrant of right female breast</td>
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<td>C50.412</td>
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<td>C50.419</td>
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<td>C50.512</td>
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<td>C50.519</td>
<td>Malignant neoplasm of lower-outer quadrant of unspecified female breast</td>
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<td>C50.611</td>
<td>Malignant neoplasm of axillary tail of right female breast</td>
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<tr>
<td>C50.612</td>
<td>Malignant neoplasm of axillary tail of left female breast</td>
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<td>C50.619</td>
<td>Malignant neoplasm of axillary tail of unspecified female breast</td>
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<tr>
<td>C50.811</td>
<td>Malignant neoplasm of overlapping sites of right female breast</td>
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<tr>
<td>C50.812</td>
<td>Malignant neoplasm of overlapping sites of left female breast</td>
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<td>C50.819</td>
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<td>C50.911</td>
<td>Malignant neoplasm of unspecified site of right female breast</td>
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<tr>
<td>C50.912</td>
<td>Malignant neoplasm of unspecified site of left female breast</td>
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<tr>
<td>C50.919</td>
<td>Malignant neoplasm of unspecified site of unspecified female breast</td>
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<td>C79.81</td>
<td>Secondary malignant neoplasm of breast</td>
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<tr>
<td>D05.00</td>
<td>Lobular carcinoma in situ of unspecified breast</td>
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<tr>
<td>D05.01</td>
<td>Lobular carcinoma in situ of right breast</td>
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<tr>
<td>D05.02</td>
<td>Lobular carcinoma in situ of left breast</td>
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<tr>
<td>D05.10</td>
<td>Intraductal carcinoma in situ of unspecified breast</td>
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<tr>
<td>D05.11</td>
<td>Intraductal carcinoma in situ of right breast</td>
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<tr>
<td>D05.12</td>
<td>Intraductal carcinoma in situ of left breast</td>
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<tr>
<td>D05.80</td>
<td>Other specified type of carcinoma in situ of unspecified breast</td>
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<td>D05.81</td>
<td>Other specified type of carcinoma in situ of right breast</td>
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<tr>
<td>D05.82</td>
<td>Other specified type of carcinoma in situ of left breast</td>
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<tr>
<td>D05.90</td>
<td>Unspecified type of carcinoma in situ of unspecified breast</td>
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<td>Code</td>
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<td>--------------------------------------------------</td>
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<tr>
<td>D05.91</td>
<td>Unspecified type of carcinoma in situ of right breast</td>
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<td>D05.92</td>
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<tr>
<td>I97.2</td>
<td>Postmastectomy lymphedema syndrome</td>
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<td>Z85.3</td>
<td>Personal history of malignant neoplasm of breast</td>
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<tr>
<td>Z90.10</td>
<td>Acquired absence of unspecified breast and nipple</td>
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<tr>
<td>Z90.11</td>
<td>Acquired absence of right breast and nipple</td>
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<tr>
<td>Z90.12</td>
<td>Acquired absence of left breast and nipple</td>
</tr>
<tr>
<td>Z90.13</td>
<td>Acquired absence of bilateral breasts and nipples</td>
</tr>
</tbody>
</table>

**References**


Specialty-matched clinical peer review.