



Subject: External Breast Prostheses

Effective Date: 1/16

Review Date: 12/22

DESCRIPTION

Code L8000 describes a bra with pockets that are intended to hold a mastectomy form or breast prosthesis held adjacent to the chest wall. Bras coded L8000 do not include an integrated breast prosthesis (for bras with integrated breast prosthesis, see codes L8001 and L8002). Products described by code L8000 may be constructed of any material (e.g., cotton, polyester, or other materials), with any type or location of closure, any size, with or without integrated structural support (e.g., underwire).

Codes L8001 and L8002 describe a bra with integrated breast prosthesis, either unilateral or bilateral, respectively. Products described by codes L8001 and L8002 may be constructed of any material (e.g., cotton, polyester, or other materials), with any type or location of closure, any size, with or without integrated structural support (e.g., underwire).

Code L8015 describes a camisole type undergarment with polyester fill used post mastectomy.

A custom fabricated prosthesis is one which is individually made for a specific patient starting with basic materials. Code L8035 describes a molded-to-patient-model custom breast prosthesis. It is a particular type of custom fabricated prosthesis in which an impression is made of the chest wall and this impression is then used to make a positive model of the chest wall. The prosthesis is then molded on this positive model.

Code A4280 should be used when billing for an adhesive skin support that attaches an external breast prosthesis directly to the chest wall.

COVERAGE

The OSU Health Plan considers 4 post-mastectomy replacement bras medically necessary every 12 months. One replacement silicone breast prosthesis is considered medically necessary every 24 months. For fabric, foam, or fiber-filled breast prostheses, replacements are considered medically necessary every 6 months. Replacements of nipple prostheses are considered medically necessary every 3 months. The medical necessity of more frequent replacements must be documented.

An external breast prosthesis garment, with mastectomy form (L8015) is covered for use in the postoperative period prior to a permanent breast prosthesis or as an alternative to a mastectomy bra and breast prosthesis.

The useful lifetime expectancy for silicone breast prostheses is 2 years. The useful lifetime expectancy for a nipple prosthesis is 3 months. For fabric, foam, or fiber filled breast prostheses, the useful lifetime

expectancy is 6 months. Replacement sooner than the useful lifetime because of ordinary wear and tear will be denied as non-covered.

EXCLUSIONS

The medical necessity for the additional features of a custom fabricated prosthesis (L8035) compared to a prefabricated silicone breast prosthesis has not been established, and therefore, if an L8035 breast prosthesis is billed, it will be denied as not reasonable and necessary.

PRIOR AUTHORIZATION

Prior authorization is required for external breast prostheses exceeding \$2,000.

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 |
| 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 |
| L8032 | Nipple prosthesis, reusable, any type, each |
| L8033 | Nipple prosthesis, custom fabricated, reusable, any material, any type, each |
| L8035 | Custom breast prosthesis, post mastectomy, molded to patient model |
| L8039 | Breast prosthesis, not otherwise specified |

REFERENCES

NHIC, Corp. Local Coverage Determination (LCD) for External Breast Prosthesis (L33317). Durable Medical Equipment Medicare Administrative Contractor (DME MAC) Jurisdiction A. Hingham, MA: NHIC; effective October 1, 2015.

NHIC, Corp. Local Coverage Article for External Breast Prosthesis – Policy Article – Effective October 2015 (A52478). Durable Medical Equipment Medicare Administrative Contractor (DME MAC) Jurisdiction A. Hingham, MA: NHIC; effective October 1, 2015.