Medical Policy

Northwood

Breast Prosthesis and Supplies Following Mastectomy

Description

Breast prosthesis is a hard or soft form used to replace the surgically removed breast tissue following a mastectomy. It can either be integrated into a bra or other garment or attached directly to the chest wall.

Policy

Breast Prosthesis and supplies are reasonable and necessary for a member who has had a mastectomy.

Policy Guidelines

Medicare Member Coverage Criteria:

Refer to Medicare's medical policy (L33317) and article (A52478) for coverage criteria.

Non-Medicare Member Coverage Criteria:

Coverage Criteria:

1. Must be ordered by the Member's treating practitioner.
2. Member has undergone a mastectomy and has not had breast reconstruction. (Reference the Diagnosis Codes that Support Medical Necessity section below.)

Limitations:

1. An external breast prosthesis garment, with mastectomy form (L8015) is covered for use in the postoperative period prior to permanent breast prosthesis or as an alternative to mastectomy bra and breast prosthesis.
2. Breast prostheses, silicone or equal, with integral adhesive (L8031) have not been demonstrated to have a clinical advantage over those without the integral adhesive. Therefore, L8031 will be considered not reasonable and necessary.
3. 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. The additional features of a custom fabricated prosthesis (L8035) compared to prefabricated silicone breast prosthesis have not been established and therefore will be denied as not medically necessary.

4. The useful lifetime expectancy for silicone breast prostheses is two (2) years. Coverage is limited to one (1) breast prosthesis per breast every two (2) years when medically necessary. 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.
5. An external breast prosthesis of the same type can be replaced at any time if it is lost or is irreparably damaged (this does not include ordinary wear and tear). External breast prosthesis of a different type can be covered at any time if there is a change in the member's medical condition necessitating a different type of item. The plan will pay for only one breast prosthesis per side for the useful lifetime of the prosthesis. The useful lifetime expectancy for silicone breast prostheses is 2 years. The useful lifetime expectancy for nipple prostheses is 3 months. For fabric, foam or fiber filled breast prosthesis; the useful lifetime expectancy is 6 months. Two prostheses, one per side, are allowed for those Members who have had bilateral mastectomies. More than one external breast prosthesis per side will be denied as not medically necessary.
6. 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.
7. Skin supports that attach external breast prosthesis directly to the chest wall (A4280) are a covered benefit up to ten (10) boxes per year.
8. One (1) mastectomy form (L8020, L8030) per breast is covered every two years.
9. Two (2) bras with integrated forms (L8001, L8002) per year are covered.
10. An L8015 is covered for use in the post-operative period prior to permanent breast prosthesis or as an alternative to mastectomy bra and breast prosthesis.
11. The right (RT) and left (LT) modifiers must be used with these codes. When the same code for bilateral items (left and right) is billed on the same date of service, bill for both items on the same claim line using the RTLT modifiers and 2 units of service. Claims billed without modifiers RT and/or LT will be rejected as incorrect coding. Bras and similar inherently bilateral items (L8000 –L8002, L8015) are exempt from the RTLT requirement.

Exclusions:

1. A mastectomy sleeve (L8010) is considered not reasonable and necessary since it does not meet the definition of prosthesis.
2. The useful lifetime expectancy for silicone breast prostheses is 2 years. The useful lifetime expectancy for 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 considered not reasonable and necessary.
3. Other diagnosis codes that are not listed in the table below.

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HCPCS Level II Codes and Description

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
L8002	BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS FORM, BILATERAL
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, PREFABRICATED, 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

ICD-10 Codes that Support Medical Necessity

ICD-10 Code	Description
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

Important Note:

Breast Prosthesis and Supplies Following Mastectomy

Northwood's Medical Policies are developed to assist Northwood in administering plan benefits and determining whether a particular DMEPOS product or service is reasonable and necessary. Equipment that is used primarily and customarily for a non-medical purpose is not considered durable medical equipment.

Coverage determinations are made on a case-by-case basis and are subject to all of the terms, conditions, limitations, and exclusions of the member's contract including medical necessity requirements.

The conclusion that a DMEPOS product or service is reasonable and necessary does not constitute coverage. The member's contract defines which DMEPOS product or service is covered, excluded or limited. The policies provide for clearly written, reasonable and current criteria that have been approved by Northwood's Medical Director.
The clinical criteria and medical policies provide guidelines for determining the medical necessity for specific DMEPOS products or services. In all cases, final benefit determinations are based on the applicable contract language. To the extent there are any conflicts between medical policy guidelines and applicable contract language, the contract language prevails. Medical policy is not intended to override the policy that defines the member's benefits, nor is it intended to dictate to providers how to direct care. Northwood Medical policies shall not be interpreted to limit the benefits afforded to Medicare or Medicaid members by law and regulation and Northwood will use the applicable state requirements to determine required quantity limit guidelines.

Northwood's policies do not constitute medical advice. Northwood does not provide or recommend treatment to members. Members should consult with their treating practitioner in connection with diagnosis and treatment decisions.

Northwood follows all CMS National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), as applicable.

References

Centers for Medicare and Medicaid Services, Medicare Coverage Database, National Coverage Documents; November 2011.

National Government Services, Inc. Jurisdiction B DME MAC, Local Coverage Determination No. L33317; revised date October 1, 2015. Last accessed/reviewed 11-7-2023.

National Heritage Insurance Company (NHIC), External Breast Prosthesis. Local Coverage Determination No. L33317. Durable Medical Equipment Medicare Administrative Carrier Jurisdiction A. Chico, CA: NHIC; revised October 1, 2015.

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Change/Authorization History

Revision Number	Date	Description of Change	Prepared / Reviewed by	Approved by	Review Date:	Effective Date:
A	11-20-06	Initial Release	Rosanne Brugnoni	Ken Fasse	n/a	
01		Annual Review – no changes	Susan Glomb	Ken Fasse	12-2008	
02	12-04-09	Annual Review- no changes	Susan Glomb	Ken Fasse	12-2009	
03	01-05-10	Added codes L8031 and L8032 And descriptions. Changed description of L8030 to Breast Prosthesis, silicone or equal, without integral adhesive. Added coverage information specific to mastectomy bras. Added information on quantity dispensed at a time.	Susan Glomb	Ken Fasse		
04	05-28-10	Added coverage information for L8000, L8031. Added: Nipple prostheses have 3 month reasonable lifetime expectancy.	Susan Glomb	Ken Fasse		
05	11-19-10	Annual Review – No changes	Susan Glomb	Ken Fasse	Nov.10	
06	01-05-11	RT/LT modifier instructions for inherently bilateral items.	Susan Glomb	Dr. B. Almasri	Jan2011	
07	02-10-11	Added 198.81, 457.0, V10.3 as covered indications. Deleted: least costly alternative for multiple codes.	Susan Glomb	Dr. B. Almasri	Feb.2011	
08	07-20-11	Added Important Note to all Medical Policies	Susan Glomb	Dr. B. Almasri		
09	11-28-11	Annual Review. Added References to Policy	Susan Glomb	Dr. B. Almasri	Nov. 2011	
10	04-03-12	Added reference to NH Medicaid	Susan Glomb	Dr. B. Almasri		
11	11-27-12	Annual review. No changes.	Susan Glomb	Dr. B. Almasri		
12	12-18-13	Annual Review. Narratives changed for L8000 (mastectomy bra is covered for member with a covered mastectomy	Susan Glomb	Dr. B. Almasri		

		form), L8001 and L8002 (2 bras with integrated forms per year are covered.				
13	11-24-14	Annual Review. No changes	Susan Glomb	Dr. B. Almasri		
14	11-30-15	Annual Review. Updated Medicare Reference and ICD-10 Codes.	Lisa Wojno	Dr. B. Almasri	November 2015	
15	11-29-2016	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	November 2016	
14	04-06-17	Policy reviewed per CMS memo. No changes required at this time.	Susan Glomb	Dr. C. Lerchin		
15	11-14-17	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	November 2017	
16	11-14-18	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	November 2018	
17	11-06-19	Annual Review. Clarified the L8035 language regarding it not being medically necessary as the additional custom features has not been established.	Lisa Wojno	Dr. C. Lerchin	November 2019	11-2019
18	11-5-20	Annual review. Per CMS, revised: "physician" to "treating practitioner"; revised: code description for HCPCS code L8032; added HCPCS code L8033.	Carol Dimech	Dr. C. Lerchin	November 5, 2020	November 5, 2020
19	11-5-21	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	11-5-21	11-5-21
20	11-12-21	Added NCD, LCD verbiage to "Important Note".	Carol Dimech	Dr. C. Lerchin	11-12-21	11-12-21
21	11-2-22	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	11-2-22	11-2-22
22	11-7-23	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	11-7-23	11-7-23