Clinical Policy Bulletin: 
External Breast Prosthesis

Number: 0097

Policy

*APlease see amendment for Pennsylvania Medicaid at the end of this CPB.*

Aetna considers medically necessary an external breast prosthesis following a medically necessary mastectomy. In addition, up to 4 post-mastectomy bras are considered medically necessary initially following a medically necessary mastectomy for a member who has a medically necessary mastectomy form or silicone (or equal) breast prosthesis when the pocket of the bra is used to hold the form/prosthesis. Note: Some Aetna plans limit prosthetic coverage to an initial medically necessary prosthesis and do not cover replacement prostheses. Please check benefit plan descriptions for details. Under these plans, an initial external breast prosthesis and up to 4 initial post-mastectomy bras are covered following a medically necessary mastectomy. "Initial" applies to a breast prosthesis and bras purchased within 1 year after the mastectomy is performed, not the first breast prosthesis prescribed after the member’s Aetna coverage becomes effective.

Aetna considers an external breast prosthesis garment with mastectomy form medically necessary for use in the post-operative period prior to a permanent breast prosthesis or as an alternative to a mastectomy bra and breast prosthesis.

Aetna considers 2 to 4 post-mastectomy replacement bras medically necessary every 12 months.

Only 1 breast prosthesis per side is considered medically necessary for the useful lifetime of the prosthesis. Two prostheses, 1 per side, are considered medically necessary for those persons who have had bilateral mastectomies. More than 1 external breast prosthesis per side is considered not medically necessary.

One replacement silicone breast prostheses 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. Note: Some Aetna plans limit coverage to an initial prosthesis and do not cover replacement prostheses. Please check benefit plan descriptions for details.

Aetna considers three mastectomy sleeves medically necessary initially, then two replacements every six months.

A breast prosthesis, silicone or equal, with integrated adhesive is considered not medically necessary because it has not been demonstrated to have a clinical advantage over those without the integrated adhesive.

Note: The additional features of a custom-fabricated breast prosthesis, compared to a pre-fabricated...
silicone breast prosthesis, are not considered medically necessary.

Background

This policy is supported by Durable Medical Equipment Medicare Administrative Contractor (DME MAC) policy.

"Breast prosthesis, mastectomy bra, without integrated breast prosthesis form, any size, any type" describes a bra with pockets that are intended to hold a mastectomy form or breast prosthesis held adjacent to the chest wall. These do not include an integrated breast prosthesis. They 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).

"Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral, any size, any type" and "Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral, any size, any type" describe a bra with integrated breast prosthesis, either unilateral or bilateral, respectively. They 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).

"External breast prosthesis garment, with mastectomy form, post mastectomy" 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. "Custom breast prosthesis, post mastectomy, molded to patient model" 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.

CPT Codes / HCPCS Codes / ICD-10 Codes

Information in the [brackets] below has been added for clarification purposes. Codes requiring a 7th character are represented by "+":

Other CPT codes related to the CPB:

19300 - 19307 Mastectomy procedures

HCPCS codes covered if selection criteria are met:

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
The above policy is based on the following references:

1. Reaby LL. Reasons why women who have mastectomy decide to have or not to have breast reconstruction. Plast Reconstr Surg. 1998;101(7):1810-1818.
5. Reaby LL, Hort LK, Vandervord J. Body image, self-concept, and self-esteem in women who had a mastectomy and either wore an external breast prosthesis or had breast reconstruction and women who had not experienced mastectomy. Health Care Women Int. 1994;15(5):361-375.
13. NHIC, Corp. Local Coverage Determination (LCD) for External Breast Prostheses (L5043). Durable Medical Equipment Medicare Administrative Contractor (DME MAC) Jurisdiction A. Hingham, MA: NHIC; effective June 1, 2012.


AETNA BETTER HEALTH® OF PENNSYLVANIA

Amendment to
Aetna Clinical Policy Bulletin Number: 0097 External Breast Prosthesis

The following items will be considered for coverage in the Pennsylvania Medical Assistance plan if medical necessity criteria are met:

L8031  Breast prosthesis, silicone or equal, with integral adhesive
L8035  Custom breast prosthesis, post mastectomy, molded to patient model