Clinical Policy Bulletin:  
External Breast Prosthesis

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Policy

Aetna considers medically necessary an external breast prosthesis and up to 4 post-mastectomy bras following a medically necessary mastectomy.  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. 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.

According to DME MAC policy, breast prostheses, silicone or equal, with integral adhesive are not considered medically necessary because they have not been demonstrated to have a clinical advantage over those without the integral adhesive.

Only 1 breast prosthesis per side are 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.

A mastectomy bra is considered medically necessary 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.

CPT Codes / HCPCS Codes / ICD-9 Codes

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
L8030  Breast prosthesis, silicone or equal
L8031  Breast prosthesis, silicone or equal, with integral adhesive
L8032  Nipple prosthesis, reusable, any type, each
L8039  Breast prosthesis, not otherwise specified

**HCPCS codes not covered for indications listed in the CPB:**

L8035  Custom breast prosthesis, post mastectomy, molded to patient model

**ICD-9 codes covered if selection criteria are met:**

- 174.0 - 175.9  Malignant neoplasm of breast
- 198.81  Secondary malignant neoplasm of breast
- 233.0  Carcinoma in situ of breast
- 610.1  Diffuse cystic mastopathy [severe fibrocystic disease]
- V45.71  Acquired absence of breast and nipple

**Other ICD-9 codes related to the CPB:**

V43.82  Organ or tissue replaced by other means, breast

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.