

## External Breast Prosthetics

Related Policies:

[Admin-006 Women's Health and Cancer Rights Act Clarification](#)

**Policy REIMB-035**

**Origination Date:** 01/26/2022

**Reviewed/Revised Date:** 01/24/2024

**Next Review Date:** 01/24/2025

**Current Effective Date:** 01/24/2024

### Disclaimer:

1. Policies are subject to change in accordance with State and Federal notice requirements.
2. Policies outline coverage determinations for U of U Health Plans Commercial, CHIP and Healthy U (Medicaid) plans. Refer to the "Policy" section for more information.
3. **This Medical Policy does not guarantee coverage or payment of the service. The service must be a benefit in the member's plan and the member must be eligible for coverage at the time of service. Additional payment guidelines may be applied that are not included in this policy.**

### Description:

There are various types of external breast prostheses. These devices are used post-mastectomy or in situations of gender dysphoria where the individual has not had an internal prosthesis or reconstructive surgery performed. Manufacturers make a wide selection of types, shapes, sizes, and colors. The type of prosthesis required is determined by the amount of breast tissue that is removed. A prosthesis can be worn against the skin, inside the pocket of a mastectomy bra, or attached to the chest wall. Prosthetic devices are designed to look feminine while ensuring comfort.

There are different types of external prosthetics. They include:

- External silicone breast prosthesis - a weighted prosthesis, made of silicone, which is designed to simulate natural breast tissue. Because this type of breast prosthesis is weighted, it may help posture, prevent shoulder drop, and problems with balance.
- Non-silicone breast prosthesis – this is a light-weight breast form, made of foam or fiberfill, which may be worn following a mastectomy. Non-silicone breast prostheses may be worn during exercise, swimming, and hot weather.
- Attachable breast prosthesis – this is a self-adhesive breast form that attaches securely to the chest wall with adhesive strips.
- Post-surgical soft form in camisole – this is a light-weight, removable breast form that fits into a camisole garment (a soft, stretchy garment with lace elastic straps that can

be pulled up over the hips if raising the arms is difficult). Post-surgical camisole is often worn immediately following a mastectomy, lumpectomy, radiation therapy, or during reconstruction breast surgery.

Partial breast prosthesis, also called a shaper or shell are also sometimes used in patients with large defects due to lumpectomies or partial breast resection. These are made of foam, fiberfill, or silicone. This type of breast prosthesis is designed to be worn over your own breast tissue to enhance the overall size of the breast and to create a fuller appearance. A partial breast prosthesis can be worn with a regular bra or a post-mastectomy bra.

Post-mastectomy (or simply mastectomy) bras resemble regular bras but with one important difference - they have spandex stretch pockets on the inside which help hold and keep the breast prosthesis in place. Mastectomy bras can be purchased at specialty shops or mastectomy boutiques. A certified mastectomy fitter, who is trained and experienced, assists in selecting and fitting the appropriate prosthesis and mastectomy bra that meets your individual needs.

## Policy Statement and Criteria

### 1. Commercial Plans/CHIP

**U of U Health Plans covers external breast prostheses without requirement for prior authorization.**

**External breast prostheses are covered based on established quantity limits and frequency edits.**

#### **Covered External Breast Prosthesis:**

CODE	LAY DESCRIPTION	QL/FE
L8000	Bra only	2/every 6 months- (for MHC only 6/every year)
L8001	Bra w/unilateral insert	1/per year
L8002	Bra w/bilateral insert	2/every 6 months
L8010	Sleeve for post-mastectomy lymphedema	2/every 12 months
L8015	Camisole type garment with a mastectomy form	2/every 6 months
L8020	Breast prosthesis; supplier designs	1/per year
L8030	Non-adhesive silicon or equivalent breast prosthesis	1/every 3 years- (for MHC only 2/for each breast every year)
L8031	Adhesive silicon or equivalent breast prosthesis	1/every 3 years
L8039	Breast prosthesis, not otherwise specified	Unlisted code - requires prior authorization

U of U Health Plans does not cover nipple prosthetic (L8032/L8033) as it is not considered medically necessary nor required to be covered by the Women's Health and Cancer Rights Act (WHCRA).

U of U Health Plans does not cover custom fabricated prosthesis (L8035) as 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.

## 2. Medicaid Plans

Coverage is determined by the State of Utah Medicaid program; if Utah State Medicaid has no published coverage position and InterQual criteria are not available, the U of U Health Plans Commercial criteria will apply. For the most up-to-date Medicaid policies and coverage, please visit their website at: <https://medicaid.utah.gov/utah-medicaid-official-publications/> or the [Utah Medicaid code Look-Up tool](#)

CPT/HCPCS codes covered by Utah State Medicaid may still require further evaluation to determine medical necessity for coverage.

## Clinical Rationale

Women undergoing mastectomy for any reason experience significant emotional trauma potentially impacting their self-esteem, emotional state and quality of life. This has been identified in studies by Mock et al in 1993 and Reaby et al in several studies performed in the 1990's. Use of external prostheses has also been demonstrated to not negatively impact posture or spinal alignment in studies by Hojan et al in 2016 and Manikowska et al in 2019.

Consequently, the Women's Health and Cancer Rights Act (WHCRA) of 1998 was passed to address inequities in coverage of mastectomy and subsequent reconstructive and other services related to covered mastectomies. It requires health plans that in instances in which a mastectomy is covered as medically necessary, plans must also provide coverage of certain services or products related to or a consequence of the surgery. This often includes a post-mastectomy breast prosthesis or mastectomy form (for one or both breasts), breast prosthesis garment and/or mastectomy bras.

## Applicable Coding

### CPT Codes

No applicable codes

### HCPCS Codes

- |              |   |
|--------------|---|
| <b>L8000</b> | Breast prosthesis, mastectomy bra, without integrated breast prosthesis form, any size, any type          |
| <b>L8001</b> | Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral, any size, any type |

<b>L8002</b>	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral, any size, any type
<b>L8010</b>	Breast prosthesis, mastectomy sleeve
<b>L8015</b>	External breast prosthesis garment, with mastectomy form, post mastectomy
<b>L8020</b>	Breast prosthesis, mastectomy form
<b>L8030</b>	Breast prosthesis, silicone or equal, without integral adhesive
<b>L8031</b>	Breast prosthesis, silicone or equal, with integral adhesive
<b>L8032</b>	Nipple prosthesis, prefabricated, reusable, any type, each
<b>L8033</b>	Nipple prosthesis, custom fabricated, reusable, any material, any type, each
<b>L8035</b>	Custom breast prosthesis, post mastectomy, molded to patient model
<b>L8039</b>	Nipple prosthesis, custom fabricated, reusable, any material, any type, each

## References:

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3. Hojan K, Manikowska F, Chen BP, Lin CC. The influence of an external breast prosthesis on the posture of women after mastectomy. *J Back Musculoskelet Rehabil.* 2016;29(2):337-342.
4. Manikowska F, Ozga-Majchrzak O, Hojan K. The weight of an external breast prosthesis as a factor for body balance in women who have undergone mastectomy. *Homo.* 2019 Nov 29;70(4):269-276. doi: 10.1127/homo/2019/1114. PMID: 31701997.
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6. Mock V. Body image in women treated for breast cancer. *Nurs Res.* 1993 May-Jun;42(3):153-7. PMID: 8506164.
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