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Ordering External Breast Prostheses & Supplies



What's Changed?

- Added more codes we cover (page 2)
- Added codes we deny (page 2)

Substantive content changes are in dark red.





Coverage

At the time of a mastectomy and after, we cover a patient's reasonable and necessary external breast prostheses and supplies. The ordering practitioner must submit a standard written order (SWO) for new items and replacements.

Eligible HCPCS Codes

- 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
- L8015 External breast prosthesis garment, with mastectomy form, post mastectomy, covered
 for use in the postoperative period prior to a permanent breast prosthesis or as an alternative to a
 mastectomy bra and breast prosthesis
- L8020 Breast prosthesis, mastectomy form
- L8030 Breast prosthesis, silicone or equal, without integral adhesive
- L8032 Nipple prosthesis, prefabricated, reusable, any type, each
- L8033 Nipple prosthesis, custom fabricated, reusable, any material, any type, each

Tip: Be sure to review the documentation requirements for breast prostheses.

We deny claims for codes L8010, L8031, and L8035 for the following reasons:

- **L8010** Breast prosthesis, mastectomy sleeve: Doesn't meet the definition of a prosthesis
- L8031 Breast prosthesis silicone or equal, with integral adhesive: No demonstrated medical necessity or clinical benefit
- L8035 Custom breast prosthesis, post mastectomy, molded to patient model: Medical necessity hasn't been established, not reasonable and necessary

Use code A4280 when billing for an adhesive skin support that attaches an external breast prosthesis directly to the chest wall.

Local Coverage Determination (LCD): External Breast Prostheses (L33317) and Article: External Breast Prostheses (A52478) have more coverage information, including ICD-10 codes. Find your Medicare Administrative Contractor's (MAC's) website for more information.



Practitioners: What You Need to Do

Send a SWO

The prescribing practitioner must submit a signed SWO to the supplier before delivering the prosthesis or submitting a claim. We allow verbal orders when they're followed by a written SWO.

The patient's medical record should show:

- A past mastectomy, which shows they've had a surgical procedure to remove all or part of 1 or both breasts, supporting medical necessity
- The diagnosis code to support the need for the prosthesis or related item

The SWO must include:

- The patient's name or MBI
- A general description of the item, like brand name or model number, HCPCS code, or HCPCS code narrative
- The quantity dispensed (how many bras or prostheses)
- The order date
- Your name or NPI
- Your signature

Tip: The treating practitioner should make medical record documentation available to the supplier or MAC upon request. You can support the diagnoses related to the patient's need for the prostheses-related items with:

- Treating practitioner records
- Hospital records
- Nursing home records
- Home health agency records
- Records from other health care professionals
- Test reports in the patient's medical record





Supplier Replacements

We don't cover prostheses replacement sooner than its useful lifetime.

Reasonable Useful Lifetime (RUL) & Replacement Expectancy

- Silicone breast prostheses (L8030) = 2 years
- Nipple prostheses (L8032, L8033) = 3 months
- Fabric, foam, or fiber filled breast prostheses (L8001, L8002, L8015) = 6 months
- We replace the **same type** of external breast prosthesis if it's lost or damaged beyond repair (this doesn't include ordinary wear and tear)
- We cover a different type of external breast prosthesis if the patient's medical condition changes, requiring a new SWO
- 1 external breast prosthesis per side for the prosthesis's useful lifetime
- 2 external prostheses, 1 per side, for patients who've had bilateral mastectomies
- We deny more than 1 external prosthesis per side as not reasonable and necessary

Tip: Suppliers should use appropriate anatomic modifiers when submitting a claim.

Supplier Records

Suppliers must keep proof of delivery, if requested, and documentation in their files for 7 years from the service date.

Resources

- How to Use the Medicare Coverage Database
- Article: Standard Documentation Requirements for All Claims Submitted to DME MACs (A55426)
- Medicare Benefit Policy Manual, Chapter 15, section 120
- Medicare Coverage Database

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