

External Breast Prostheses

For any item to be covered by The Health Plan, it must:

1. Be eligible for a defined Medicare or The Health Plan benefit category
2. Be reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member
3. Meet all other applicable Medicare and/or The Health Plan statutory and regulatory requirements

For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity. *Please refer to individual product lines certificates of coverage for possible exclusions of benefit.*

For an item to be covered by The Health Plan, the supplier must receive a written, signed, and dated order before a claim is submitted to The Health Plan. If the supplier bills for an item addressed in this policy without first receiving the completed order, the item will be denied as not reasonable and necessary.

Suppliers are to follow The Health Plan requirements for precertification, as applicable.

Precertification is not required for mastectomy bras, within quantity limits, with appropriate diagnoses s/p mastectomy or partial mastectomy. Precert is required s/p lumpectomy. See Below.

National Coverage Determination Policy	None
Local Coverage Determination Policy	None
Effective Date	For service performed on or after 05/01/14
Review/Revisions Date	01/01/2019, 10/2018, 06/01/2018, 04/01/2017, 02/01/16
The Health Plan	Plans will follow Coverage Determination posted on the CGS website unless otherwise indicated in sections of this policy, contractual agreements, or benefit plan documents.

DESCRIPTION

A prosthesis is an artificial device to replace or augment a missing or impaired part of the body. Breast prostheses are breast forms intended to simulate breasts. There are a number of materials and designs, although the most common construction is silicone gel in a plastic skin.

COVERAGE GUIDELINES

A breast prosthesis is covered for a member who has had a mastectomy, ICD-10-CM diagnosis codes Z85.3, Z90.10, C50.019-C50.919, D05.90, I97.2.

A breast prosthesis is covered for a member who has had a mastectomy or partial mastectomy, ICD-10-CM diagnosis codes Z85.3, Z90.10, C50.019-C50.919, D05.90, I97.2.

The Health Plan will review requests for prosthesis and mastectomy bras for members who have undergone a lumpectomy on a case-by-case basis. Precertification is required for this indication. Clinical documentation such as, diagnosis, date of lumpectomy, margins, etc. must be submitted. All requests will be reviewed by the medical director.

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.

Coverage for L8031 and L8025 for **Mountain Health Trust** members will be based on West Virginia Medicaid's Fee Schedule.

A mastectomy bra (L8000) is covered for a patient who has a covered mastectomy form (L8020) or silicone (or equal) breast prosthesis (L8030, L8031, L8035), when the pocket of the bra is used to hold the form/prosthesis.

Two prostheses, one per side, are allowed for those persons who have had bilateral mastectomies.

The Health Plan will cover the L8010 for all lines of business based on the below guidelines unless excluded from coverage in a specific plan document.

A mastectomy sleeve (L8010) - (for the treatment of lymphedema) – may be used as an adjunct to a course of treatment for post mastectomy lymphedema prior to consideration of the use of a lymphedema pump – **two per calendar year for SecureCare HMO and Commercial products with DME benefit. Three per calendar year for Mountain Health Trust.**

NONCOVERAGE STATEMENT

A breast prosthesis, silicone or equal, with integral adhesive (L8031) has not been demonstrated to have a clinical advantage over those without the integral adhesive. Therefore, if L8031 is requested/billed, it will be denied as not reasonable and necessary.

The medical necessity for the additional features of a custom fabricated prosthesis (L8035) compared to a prefabricated silicone breast prosthesis has not been established, and therefore, if an L8035 breast prosthesis is requested/billed it will be denied as not reasonable or necessary.

The Health Plan has adopted Medicare's stance and will only cover one breast prosthesis per side for the useful lifetime of the prosthesis; therefore, more than one external breast prosthesis per side is not covered.

REPAIR, REPLACEMENT, AND REASONABLE USEFUL LIFETIME

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 patient's medical condition necessitating a different type of item.

The useful lifetime expectancy for silicone breast prostheses is two years. The useful lifetime expectancy of nipple prosthesis is three months. For fabric, foam, or fiber-filled breast prostheses, the useful

lifetime expectancy is six months. Replacement sooner than the useful lifetime because of ordinary wear and tear will be denied as reasonable and necessary.

CODING INFORMATION

CPT/HCPCS codes: The appearance of a code in this section does not necessarily indicate coverage.

HCPCS MODIFIERS

EY	NO PHYSICIAN OR OTHER LICENSED HEALTHCARE PROVIDER ORDER FOR THIS ITEM OR SERVICE
LT	LEFT SIDE
RT	RIGHT SIDE

HCPCS CODES

A4280	Adhesive skin support attachment for use w/external breast prosthesis, each
L8000	Breast prosthesis, mastectomy bra
L8001	Breast prosthesis, mastectomy bra, w/integrated breast prosthesis form, unilateral
L8002	Breast prosthesis, mastectomy bra, w/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. w/o integral adhesive
L8031	BREAST PROSTHESIS, SILICONE OR EQUAL, WITH INTEGRAL ADHESIVE
L8032	NIPPLE PROSTHESIS, REUSABLE, ANY TYPE, EACH
L8035	Custom breast prosthesis, post mastectomy, molded to patient model
L8039	Breast prosthesis, not otherwise specified

Additional codes covered by The Health Plan if meets criteria: All require precertification.

HCPCS CODES

A6549	GRADIENT COMPRESSION STOCKING, NOS. THIS CODE MAY BE USED FOR A MASTECTOMY SLEEVE, USED TO TREAT LYMPHEDEMA OF THE ARM POST MASTECTOMY. REQUIRES AUTHORIZATION, DESCRIPTION AND INVOICE FOR PRICING. MAY BE COVERED FOR MEDICAID MEMBERS
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L3999	MISCELLANEOUS UPPER LIMB ORTHOSIS (SOME DME SUPPLIERS ARE USING THIS CODE TO BILL FOR A COMPRESSION BRA PROsthESIS). IT WOULD NEED APPROVAL, A DESCRIPTION OF THE ITEM AND INVOICE FOR PRICING. IT SHOULD BE STATED WHY A L8015 CANNOT BE USED. REIMBURSEMENT MAY BE AT THE COST OF THE LEAST COSTLY MEDICALLY APPROPRIATE ALTERNATIVE
L8039	BREAST PROsthESIS NOT OTHERWISE SPECIFIED
	NOTE: THIS CODE SHOULD BE USED WHEN BILLING FOR THE BELISSE COMPRESSION BRA USED TO MANAGE POST OPERATIVE BREAST OR CHEST WALL LYMPHEDEMA. REVIEWED ON A CASE BY CASE BASIS

The presence of an ICD-10 code listed the following section is not sufficient by itself to assure coverage. Refer to coverage guidelines and documentation requirements sections.

ICD-10 CODES

C50.011- C50.019	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA OF FEMALE BREAST
C50.111- C50.119	MALIGNANT NEOPLASM OF CENTRAL PORTION OF FEMALE BREAST
C50.211- C50.219	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF FEMALE BREAST
C50.311- C50.319	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF FEMALE BREAST
C50.411- C50.419	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF FEMALE BREAST
C50.511- C50.519	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF FEMALE BREAST
C50.611- C50.619	MALIGNANT NEOPLASM OF AXILLARY TAIL OF FEMALE BREAST
C50.811- C50.819	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF FEMALE BREAST
C50.911- C50.919	MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF FEMALE BREAST
C79.81	SECONDARY MALIGNANT NEOPLASM OF BREAST (FEMALE)
D05.00- D05.92	CARCINOMA IN SITU OF BREAST
I97.2	POSTMASTECTOMY, LYMPHADENOMA SYNDROME

Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST
Z90.10- Z90.13	ACQUIRED ABSENCE OF BREAST

Diagnoses and ICD-10 codes that either support or do not support medical necessity are indicated above.

DOCUMENTATION REQUIREMENTS

For the purposes of this policy, it is expected that the medical record will support the need for the care provided. It is generally understood that the medical record includes the physician's office records, hospital records, nursing home records, home health agency records, records from other health care professionals and test reports.

This documentation must be available with precertification.

Medicare has made changes to its requirements for dispensing orders, detailed written orders, and proof of delivery. The Health Plan will require the following:

1. Physician detailed written order. Order must include the following:
 - a. Member's name
 - b. Date
 - c. Description of item. The medical record must contain the information that supports the request for each item and must be submitted with the precertification, if the item requires precertification, or with the claim, if no precertification was required
 - d. Order must include diagnosis code
 - e. Physician signature with date. Date stamps are not appropriate
 - f. Quantity of items required and duration. A new order is required if there is an increase in the quantity of the supply used per month and/or the type of supply used

The supplier is to contact The Health Plan in this instance to update referral

2. There must be documentation in the supplier's records to support the medical necessity of that item. This information must be available upon request, usually with precertification per The Health Plan policy.
3. Proof of delivery to be kept on file by the provider of the item.

Note: If templates or forms are submitted, (i.e., a Medicare Certificate of Medical Necessity, and/or a provider created form), and all of the required information is not included, The Health Plan reserves the right to request the medical record, that may include, but not limited to, the physician office notes, hospital and nursing facility records, and home health records.

Note: Template provider forms, prescriptions, and attestation letters are not considered part of the medical record, even if signed by the ordering physician.

Providers are reminded to follow rules on precertification and have all the necessary information available when submitting the request.

Items listed in this policy that are provided without first obtaining authorization may be denied for no precertification.

If the member's medical condition changes, this should be documented by the member's physician submitting a new order which explains the need for a different type of breast prosthesis.

KX, GA, and GZ MODIFIERS

Suppliers may submit a claim with a KX modifier only if all the criteria for that item is met.

If coverage criteria are not met, the GA or GZ modifier must be used. When there is an expectation of a medical denial, suppliers must enter the GA modifier on the claim line if they have obtained a properly executed Advance Beneficiary Notice (ABN) or the GZ modifier, if they have not obtained a valid ABN.

ADVANCED BENEFICIARY NOTICE

The Health Plan expects providers to follow the Medicare policy on ABN across all Medicare, Medicaid, and Commercial plans.

NOTE: Providers may be held financially responsible if they furnish the above items without notifying the member, verbally and in writing, that the specific service being provided is not covered. This must be done prior to the dispensing of the device. The provider must submit the waiver or ABN to The Health Plan with the claim showing the member agreed to pay for the device. Generalized statements on waivers or ABN are not acceptable.

PRICING, DATA ANALYSIS, AND CODING (PDAC)

If providers require assistance with correct coding of external breast prosthesis items, they should contact the PDAC contractor.

dmepdac.com/

MEDICARE DEFINITIONS AND DESCRIPTION

Code L8000 describes a bra with pockets that are intended to hold a mastectomy form or breast prosthesis. Does not include an integrated breast prosthesis. May be constructed of any material, with any type of location, closure or structural support.

Codes L8001 and L8002 describe a bra with an integrated breast prosthesis, either unilateral or bilateral. May be constructed of any material, with any type of location, closure or structural support.

Code L8015 describes a camisole type undergarment with polyester fill used post mastectomy. **(Meant to be temporary/no replacement with same item unless documented need/member should be getting a regular breast prosthesis – two per calendar year.)**

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.

Code A4280 should be used when billing for an adhesive skin support that attaches an external breast prosthesis directly to the chest wall.

The right (RT) and left (LT) modifiers must be used with these codes. When the same code for two breast prostheses are billed for both breasts on the same date, the items (RT and LT) must be entered on the same line of the claim form using the RTLTLT modifier and two units of service.

Claims billed without correct modifiers will be rejected for incorrect coding.

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INTERNET LINKS AND SOURCES

The Pricing, Data Analysis, and Coding Contractor. Noridian. Internet website. Last accessed 10/26/18. Retrieved from <https://www.dmepdac.com/dmecsapp/>

West Virginia Medicaid Internet Provider Manual. Chapter 516. Covered Services, Limitations, and Exclusions for Orthotic/Prosthetic Services. Last accessed 10/26/18. Retrieved from dhhr.wv.gov/bms/Pages/default.aspx

National Government Services Local Coverage Determination Policy. External Breast Prosthesis. LCD L26999. Last accessed 10/26/18. Retrieved from <http://ngsmedicare.com>

National Government Services Local Coverage Determination Policy Article. A47025. Last accessed 10/26/18. Retrieved from <http://ngsmedicare.com>

CMS Program Integrity Manual for More Information. (CMS Program Integrity Manual, Internet-Only Manual, CMS Pub. 100-8, Chapter 5, Section 5.2.6)

The Health Plan Provider Procedural Manual. Payment Voucher, Section 14, Page 11