

This content has been created to supplement the MCG care guidelines. MCG Health has neither reviewed nor approved the modified material.

SHP Mastectomy Garments

AUTH: SHP Durable Medical Equipment 240 v3 (AC)

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Coverage

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See the appropriate benefit document for specific coverage determination. Individual specific benefits take precedence over medical policy.

Application to Products

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- Policy is applicable to all products.

Authorization Requirements

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Pre-certification by the Plan is required.

Description of Item or Service

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Mastectomy garments are designed for patients who do not elect to have breast reconstruction after a mastectomy to provide symmetry to their body with an external breast prosthetic.

Exceptions and Limitations

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- Custom breast prosthesis are considered not medically necessary because there is no evidence of improved clinical outcomes for patients except for Optima Virginia Medicaid Plans.
- Mastectomy Bras or camisole: either 4 prosthetic Bras or 4 prosthetic camisoles initially or combination of both to total 4 garments, then 1 prosthetic garment every 3 months thereafter.
- Mastectomy Prosthetic / Form: 1 per side per year (or with bilateral mastectomy—one form for each side per year).
- There is insufficient scientific evidence to support the medical necessity of mastectomy garments for uses other than those listed in the clinical indications for procedure section.

Clinical Indications for Procedure

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- Mastectomy garments are considered medically necessary for **ALL** of the following:
 - Individual has had a mastectomy (bilateral or unilateral)

Document History

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- Revised Dates:
 - 2019: November
 - 2015: January, September, December
 - 2014: January, October
 - 2013: January, December
- Reviewed Dates:
 - 2022: September
 - 2021: December
 - 2020: December
 - 2019: October
 - 2018: August
 - 2017: November
 - 2016: January
- Effective Date: June 2012

Coding Information

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- CPT/HCPCS codes covered if policy criteria is met:
 - HCPCS L8000 - Breast prosthesis, mastectomy bra, without integrated breast prosthesis form, any size, any type
 - HCPCS L8001 - Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral, any size, any type
 - HCPCS L8002 - Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral, any size, any type
 - HCPCS L8010 - Breast prosthesis, mastectomy sleeve
 - HCPCS L8015 - External breast prosthesis garment, with mastectomy form, post mastectomy
 - HCPCS L8020 - Breast prosthesis, mastectomy form
 - HCPCS L8030 - Breast prosthesis, silicone or equal, without integral adhesive
 - HCPCS L8031 - Breast prosthesis, silicone or equal, with integral adhesive
 - HCPCS L8032 - Nipple prosthesis, prefabricated, reusable, any type, each

- HCPCS L8035 - Custom breast prosthesis, post mastectomy, molded to patient model
- HCPCS L8039 - Breast prosthesis, not otherwise specified
- CPT/HCPCS codes considered not medically necessary per this Policy:
 - HCPCS L8033 - Nipple prosthesis, custom fabricated, reusable, any material, any type, each

References

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References used include but are not limited to the following:

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Codes

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HCPCS: L8000, L8001, L8002, L8010, L8015, L8020, L8030, L8031, L8032, L8033, L8035, L8039

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