

Mastectomy Garments

Table of Content

- [Purpose](#)
- [Description & Definitions](#)
- [Criteria](#)
- [Coding](#)
- [Document History](#)
- [References](#)
- [Special Notes](#)
- [Keywords](#)

<u>Effective Date</u>	06/2012
<u>Next Review Date</u>	09/2024
<u>Coverage Policy</u>	DME 240
<u>Version</u>	4

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details [*](#).

Purpose:

This policy addresses Mastectomy Garments.

Description & Definitions:

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. Therapeutic ambulatory orthotic systems (TAOS) – Is an orthotic device worn on the outside of clothes that supports the body to assist with hands-free ambulation.

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).

Criteria:

Mastectomy garments are considered medically necessary for **all** of the following:

- Individual has had a mastectomy (bilateral or unilateral)

The following Mastectomy Garments do not meet the definition of medical necessity, to include but not limited to:

- Custom breast prosthesis

Coding:

Medically necessary with criteria:

Coding	Description
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, without integral adhesive
L8031	Breast prosthesis, silicone or equal, with integral adhesive
L8032	Nipple prosthesis, prefabricated, reusable, any type, each
L8035	Custom breast prosthesis, post mastectomy, molded to patient model
L8039	Breast prosthesis, not otherwise specified

Considered Not Medically Necessary:

Coding	Description
L8033	Nipple prosthesis, custom fabricated, reusable, any material, any type, each

Document History:

Revised Dates:

- 2019: November
- 2015: January, September, December
- 2014: January, October
- 2013: January, December

Reviewed Dates:

- 2023: September
- 2022: September
- 2021: December
- 2020: December
- 2019: October
- 2018: August
- 2017: November
- 2016: January

Effective Date:

- June 2012

References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

(2023). Retrieved Aug 10, 2023, from MCG 26th Edition: <https://careweb.careguidelines.com/ed26/index.html>

(2023). Retrieved Aug 10, 2023, from HAYES:
<https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522External%2520Breast%2520Prosthesis%2522,%2522title%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%2522%257B%2522page%2522:0,%2522size%2522:50%257D,%2522type%2522:%2522all%2522>,

(2023). Retrieved Aug 10, 2023, from UpToDate:
https://www.uptodate.com/contents/search?search=External%20Breast%20Prosthesis&sp=0&searchType=PLAIN_TEXT&source=USER_INPUT&searchControl=TOP_PULLDOWN&searchOffset=1&autocomplete=false&language=&max=0&index=&autocompleteTerm=&rawSentence=

(2023). Retrieved Aug 10, 2023, from DMAS:
<https://www.dmas.virginia.gov/searchblox?query=external+breast+prostheses&col=1&page=1&pagesize=10&sort=releva>

nce&sortdir=desc&default=AND&f.conenttype.size=10&f.colname.size=10&f.keywords.size=10&facet.field=contenttype&facet.field=keywords&public=true&t

Code of Federal Regulations Title 21 CFR 878.3800 External aesthetic restoration prosthesis. (2023, Jun 7). Retrieved Aug 10, 2023, from FDA: <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/cfrsearch.cfm?fr=878.3800>

Local Coverage Determination (LCD) - External Breast Prostheses L33317. (2020, Jan 1). Retrieved Aug 10, 2023, from LCD - First Coast: <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=33317>

Women's Health and Cancer Rights Act. (2023). Retrieved Aug 10, 2023, from American Cancer Society: <https://www.cancer.org/cancer/financial-insurance-matters/health-insurance-laws/womens-health-and-cancer-rights-act.html>

Special Notes: *

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

MUST SEE MEMBER BENEFIT FOR DETERMINATION.

We only cover DME that is Medically Necessary and prescribed by an appropriate Provider. We also cover colostomy, ileostomy, and tracheostomy supplies, and suction and urinary catheters. We do not cover DME used primarily for the comfort and wellbeing of a Member. We will not cover DME if We deem it useful, but not absolutely necessary for Your care. We will not cover DME if there are similar items available at a lower cost that will provide essentially the same results as the more expensive items.

Pre-Authorization is Required for All Rental Items.

Pre-Authorization is Required for All Repair and Replacement.

Keywords:

SHP Mastectomy Garments, SHP Durable Medical Equipment 240, Mastectomy, bra, camisole