

## Medical Coverage Policy | Breast Prosthesis and Mastectomy Bras Mandate



**EFFECTIVE DATE:** 05/01/2003  
**POLICY LAST UPDATED:** 03/19/2014

### OVERVIEW

This medical policy documents the coverage determination for Breast Prosthesis and Mastectomy Bras. In accordance with the Women's Health and Cancer Rights Act of 1998 (WHCRA) and RIGL 27-20-29, Blue Cross & Blue Shield of Rhode Island (BCBSRI) provides benefits for mastectomy related services including prosthesis needed following a mastectomy or lumpectomy.

### PRIOR AUTHORIZATION

Prior authorization is not required.

### POLICY STATEMENT

#### BlueCHiP for Medicare and Commercial products

A post-mastectomy or lumpectomy breast prosthesis (unilateral or bilateral), mastectomy form, breast prosthesis garment, and mastectomy bra are covered for members who have had a mastectomy or lumpectomy, subject to the member's benefits for prosthetic devices.

Use of breast prostheses to correct congenital defects in breast symmetry is considered cosmetic and is a contract exclusion. This is not applicable for breast asymmetry resulting from a mastectomy.

BCBSRI follows CMS guidelines for dispensing and replacement limits.

Replacements for prosthesis, mastectomy form, breast prosthesis garment are allowed when the useful lifetime expectancy of the item has lapsed.

- Typical lifetime expectancy for silicone breast prosthesis is approximately two years. BCBSRI will replace the prosthesis every two years, when medically appropriate due to a change in condition, or if the prosthesis becomes defective despite normal wear and tear. A prosthesis that is damaged or defective must be returned to the vendor with an explanation of the damage or defect in order for an early replacement to be allowed.
- Typical lifetime expectancy for mastectomy forms made of fabric, foam, or fiber-fill is approximately six months. BCBSRI will replace a mastectomy form every six months, or when medically appropriate due to a change in condition.

An external breast prosthesis garment is used in the post-operative period prior to permanent breast prosthesis or as an alternative to mastectomy bra and/or breast prosthesis. The post-surgical form is a camisole undergarment with polyester or foam fill. This form type garment is used for approximately two to four months following a mastectomy. BCBSRI will allow two garments until a permanent prosthesis is fitted.

BCBSRI reserves the right to provide the least expensive but medically appropriate alternative. A custom fabricated prosthesis is one that is individually made for a specific patient starting with basic materials. The additional features of a custom fabricated prostheses (L8035) compared to a prefabricated silicone breast prosthesis are considered not medically necessary. Generally, prefabricated prostheses can sufficiently meet

the external prosthetic needs of most individuals. Therefore, if an L8035 custom breast prosthesis is provided to a patient who has a mastectomy, BCBSRI will reimburse for code L8030 prefabricated breast prostheses.

## MEDICAL CRITERIA

Not Applicable

## BACKGROUND

In accordance with the **Women's Health and Cancer Rights Act of 1998 (WHCRA)**, Blue Cross & Blue Shield of Rhode Island (BCBSRI) provides benefits for prostheses and physical complications of all stages of mastectomy, including lymphedemas.

### "REQUIRED COVERAGE FOR RECONSTRUCTIVE SURGERY FOLLOWING MASTECTOMIES:

*(a) In General.--A group health plan, and a health insurance issuer providing health insurance coverage in connection with a group health plan, that provides medical and surgical benefits with respect to a mastectomy shall provide, in a case of a participant or beneficiary who is receiving benefits in connection with a mastectomy and who elects breast reconstruction in connection with such mastectomy, coverage for--*

*(1) all stages of reconstruction of the breast on which the mastectomy has been performed;*

*(2) surgery and reconstruction of the other breast to produce a symmetrical appearance;*  
*and*

*(3) prostheses and physical complications all stages of mastectomy, including lymphedemas; in a manner determined in consultation with the attending physician and the patient. Such coverage may be subject to annual deductibles and coinsurance provisions as may be deemed appropriate and as are consistent with those established for other benefits under the plan or coverage. Written notice of the availability of such coverage shall be delivered to the participant upon enrollment and annually thereafter."*

This Federal Law supersedes the following Rhode Island State Law as both laws specify coverage for prostheses and treatment of physical complications, including lymphademas at all stages of a mastectomy.

**"RIGL 27-20-29 Mastectomy treatment.** – *(a) All individual or group health insurance coverage and health benefit plans delivered, issued for delivery or renewed in this state on or after January 1, 2005, which provides medical and surgical benefits with respect to mastectomy shall provide, in a case of any person covered in the individual market or covered by a group health plan coverage for:*

*I. Reconstruction of the breast on which the mastectomy has been performed;*

*II. Surgery and reconstruction of the other breast to produce a symmetrical appearance; and*

*III. Prostheses and treatment of physical complications, including lymphademas, at all stages of mastectomy; in a manner determined in consultation with the attending physician and the patient. Such coverage may be subject to annual deductibles and coinsurance provisions applied to the mastectomy and consistent with those established for other benefits under the plan or coverage. As used in this section, "mastectomy" means the removal of all or part of a breast. Written notice of the availability of such coverage shall be delivered to the participant upon enrollment and annually thereafter.*

*(b) Notice. A group health plan, and a health insurance issuer providing health insurance coverage in connection with a group health plan, shall provide notice to each participant and beneficiary under such plan regarding the coverage required by this section in accordance with regulations promulgated by the United States Secretary of Health and Human Services. Such notice shall be in writing and prominently positioned in any literature or correspondence made available or distributed by the plan or issuer and shall be transmitted as part of any yearly informational packet sent to the participant or beneficiary.*

*(c) As used in this section, "prosthetic devices" means and includes the provision of initial and subsequent prosthetic devices pursuant to an order of the patient's physician or surgeon.*

*(d) Nothing in this section shall be construed to require an individual or group policy to cover the surgical procedure known as mastectomy or to prevent the application of deductible or copayment provisions contained in the policy or plan, nor shall this section be construed to require that coverage under an individual or group policy be extended to any other procedures.*

(e) Nothing in this section shall be construed to prevent a group health plan or a health insurance carrier offering health insurance coverage from negotiating the level and type of reimbursement with a provider for care provided in accordance with this section.

(f) Nothing in this section shall preclude the conducting of managed care reviews and medical necessity reviews by an insurer, hospital or medical service corporation or health maintenance organization.

(g) Prohibitions. A group health plan and a health insurance carrier offering group or individual health insurance coverage may not:

(1) Deny to a patient eligibility, or continued eligibility, to enroll or renew coverage under the terms of the plan, solely for the purpose of avoiding the requirements of this section; nor

(2) Penalize or otherwise reduce or limit the reimbursement of an attending provider, or provide incentives (monetary or otherwise) to an attending provider, to induce such provider to provide care to an individual participant or beneficiary in a manner inconsistent with this section."

An external breast prosthesis replaces the breast or partial breast following mastectomy or lumpectomy. The prosthesis may be attached to the chest wall with an adhesive or worn in a mastectomy bra which is specially designed to hold the breast prosthesis in place. Surgery may be performed unilaterally or bilaterally, therefore a prosthetic may be required for one side or both. An external breast prosthesis garment may be used in the post-operative period prior to permanent breast prosthesis or as an alternative to mastectomy bra and/or breast prosthesis.

## COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement for applicable medical equipment, medical supplies, and prosthetic devices benefits/coverage.

## CODING

### Blue CHiP for Medicare and Commercial

A4280	L8000	L8001	L8002	L8010	L8015
L8020	L8030	L8031	L8032	L8035	L8039

## RELATED POLICIES

Breast Reconstruction and Applicable Mandates

## PUBLISHED

Provider Update	June, 2014
Provider Update	Aug 2012
Provider Update	Sep 2011
Provider Update	Sep2010
Provider Update	July 2009
Provider Update	May 2008

## REFERENCES

Title IX Women's Health and Cancer Rights Sec 713 REQUIRED COVERAGE FOR RECONSTRUCTIVE SURGERY FOLLOWING MASTECTOMIES:  
[https://www.cms.gov/Regulations-and-Guidance/Health-Insurance-Reform/HealthInsReformforConsume/downloads/WHCRA\\_Statute.pdf](https://www.cms.gov/Regulations-and-Guidance/Health-Insurance-Reform/HealthInsReformforConsume/downloads/WHCRA_Statute.pdf) State of Rhode Island Statute TITLE 27-20-29 <http://webservice.rilin.state.ri.us/Statutes/title27/27-20/27-20-29.HTM>

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