

Policy Number: CP-IFP22-023A

Effective Date: April 1, 2022

DME: MASTECTOMY BRAS AND EXTERNAL BREAST PROSTHESIS

UCare provides coverage under the member’s Durable Medical Equipment benefits for mastectomy garments and external prosthesis following mastectomy surgery. Items can be obtained from a contracted DME Vendor, or a local specialty provider and the member can submit for reimbursement.

This policy does not apply to breast prostheses surgically implanted during reconstructive surgery.

DISCLAIMER

Coverage Policies are developed to assist in identifying coverage for UCare benefits under UCare’s health plans. They are intended to serve only as a general reference regarding UCare’s administration of health benefits and are not intended to address all issues related to coverage for health services provided to UCare members. These services may or may not be covered by all UCare products (refer to product section of individual coverage policy for product-specific detail). Providers are encouraged to have their UCare patient refer to their UCare plan documents (Evidence of Coverage/Member Handbook/Member Contract) for specific coverage information. If there is a conflict between a coverage policy and the UCare plan documents, the UCare plan documents prevail. Coverage Policies do not constitute medical advice. Providers are responsible for submission of accurate and compliant claims.

PRODUCT SUMMARY

This coverage policy applies to the following UCare products:

UCARE PRODUCT	APPLIES TO
Individual and Family Plans (IFP), IFP with M Health Fairview	✓
UCare Medicare Plans, UCare Medicare with M Health Fairview and North Memorial, UCare Advocate (I-SNP), EssentiaCare	
Minnesota Senior Health Options (MSHO)	
UCare Prepaid Medical Assistance (PMAP), MNCare	
Connect	
Connect +Medicare	
MSC +	

Benefit Category:

Durable Medical Equipment

Definitions or Summary

UCare covers breast reconstruction after a mastectomy surgery and reconstruction of the other breast to produce an even appearance. This includes prostheses and physical complications of all stages of mastectomy and reconstructive surgery, and treatment for lymphedema.

Mastectomy bra-used to support an external breast prosthesis mastectomy bra, without integrated breast prosthesis form, any size, any type" describes a bra with pockets that are intended to hold a mastectomy form or breast prosthesis held adjacent to the chest wall. These do not include an integrated breast prosthesis. They may be constructed of any material (e.g., cotton, polyester, or other materials), with any type or location of closure, any size, with or without integrated structural support (e.g., underwire).

Mastectomy Camisole-alternate external breast prosthesis garment, with mastectomy form, post mastectomy" describes a camisole type undergarment with polyester fill used post mastectomy.

Breast prosthesis-device or item worn externally that replaces a surgically removed breast. Generally made from silicone or foam, may be used with mastectomy garment or may be self-adhesive and attach to the chest wall.

Coverage Policy

COVERED

- External breast prostheses are covered post mastectomy
 - limited to one type per affected side.
- Mastectomy bra or camisole (used to support the breast prosthesis is covered).
 - limited to two bras per 12-month period.
- Adhesive skin support attachment for use with external breast prosthesis when used in place of mastectomy support bras.
- Replacements for external breast prostheses or forms is determined based on the average life of the product, as established by the manufacturers –
 - in most cases, limited to one per affected side per 12-month period.
- Replacement breast prostheses or forms are covered when needed due to a change in a member's physical condition, including but not limited to, substantial weight gain or weight loss.

NOT COVERED

- Custom breast prostheses
- custom nipple prostheses

CPT/ HCPCS/ICD-10 Codes

The following codes will be considered for coverage when criteria is met. Codes listed below do not guarantee member coverage or provider reimbursement until claims are processed. This list may not be all inclusive and is subject to change.

CPT®, HCPCS or ICD-10 CODES	MODIFIER	NARRATIVE DESCRIPTION
L8000		Breast prosthesis, mastectomy bra
L8001		Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral
L8002		Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral
L8015		External breast prosthesis garment, with mastectomy form, post mastectomy
S8460		Camisole, post mastectomy

*CPT is a registered trademark of the American Medical Association.

Prior Authorization

Not required

Related Policies and Documentation

REFERENCES TO OTHER POLICIES OR DOCUMENTATION THAT MAY BE RELEVANT TO THIS POLICY.

POLICY NUMBER	POLICY DESCRIPTION
CP-IFP21-006A	Durable Medical Equipment

References and Source Documents

LINKS TO UCARE CONTRACT, CMS, MHCP, MINNESOTA STATUTE AND OTHER RELEVANT DOCUMENTS USED TO CREATE THIS POLICY.

2022 Individual & Family Plans Member Documents and Information

<https://home.ucare.org/en-us/health-plans/ifp/benefit-documents/>

Health Care Reimbursement Claim Form

Coverage Policy Development and Revision History		
VERSION	DATE	NOTE/S
V1	04/01/2022	New policy