

## Mastectomy Prosthetics – Documentation Needs

The patient must have an office visit with the MD treating them for their mastectomy within 12 months of ordering the breast prosthesis. The medical record and clinical documentation must support the following criteria:

### Post-op Camisole

1. Patient's diagnosis that is responsible for the need of an external breast prosthesis garment (camisole), with mastectomy form that will be used in the postoperative period prior to permanent breast prosthesis or as an alternative to mastectomy bra and breast prosthesis.
2. Post-op camisole
  - Covered for use in post-op period prior to permanent breast prosthesis, or
  - As alternative to mastectomy bra and breast prosthesis

### External Breast Prosthesis

1. Mastectomy forms
  - Covered if beneficiary has had a mastectomy and has one of the following diagnoses (see attachment)
2. Patient's diagnosis that is responsible for the need of external breast form/prostheses.
3. Reasonable Useful Lifetime (RUL)
  - Silicone breast prosthesis - two years
  - Fabric, foam or fiber filled - six months
  - Nipple prosthesis - three months

### Mastectomy Bras

1. Mastectomy bras
  - Covered if beneficiary has a covered mastectomy form or silicone breast prosthesis
2. Patient's diagnosis that is responsible for the need of a mastectomy bra with a pocket to hold the breast form/prosthesis.
3. Justification for the number of mastectomy bras dispensed must be supported in the beneficiary's medical records. (example: four per quarter)

### ***Our Locations***

Baraboo · 1111 Eighth Street · 800-924-2273  
Fond du Lac · 307 Camelot Drive · 800-732-1313  
Janesville · 3700 E. Racine Street · 800-924-2273  
Madison · 4639 Hammersley Road · 800-924-2773  
Reedsburg · 164 Second Street · 800-924-2273

## \* Supporting Documentation

1. Beneficiary's medical record must contain sufficient documentation to substantiate the necessity of:
  - Beneficiary's diagnosis
  - Type of prosthetic/garment
  - Quantity
  - Frequency of use
  - Visit notes, within 12-month period, must state mastectomy
2. Additional supporting criteria (as applicable)
  - Duration of beneficiary's condition
  - Clinical course (worsening or improvement)
  - Prognosis, nature and extent of functional limitations
  - Other therapeutic interventions, results, past experiences, etc.

## Replacements

- Prosthesis reaches its RUL (two years)
- Change in medical condition (example: weight changes)
- Lost, stolen or irreparably damaged

## New Order Required

- When there is a change of supplier
- When there is a change in the item(s), frequency of use, or amount prescribed
- When there is a change in the length of need or a previously established length of need expires
- State law requires an annual prescription renewal

## \* Lumpectomy diagnosis is NOT covered.

### ICD-10 Code Description

C50.011	Malignant neoplasm of nipple and areola, right female breast
C50.012	Malignant neoplasm of nipple and areola, left female breast
C50.019	Malignant neoplasm of nipple and areola, unspecified female breast
C50.111	Malignant neoplasm of central portion of right female breast
C50.112	Malignant neoplasm of central portion of left female breast
C50.119	Malignant neoplasm of central portion of unspecified female breast
C50.211	Malignant neoplasm of upper-inner quadrant of right female breast
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast
C50.219	Malignant neoplasm of upper-inner quadrant of unspecified female breast
C50.311	Malignant neoplasm of lower-inner quadrant of right female breast
C50.312	Malignant neoplasm of lower-inner quadrant of left female breast
C50.319	Malignant neoplasm of lower-inner quadrant of unspecified female breast
C50.411	Malignant neoplasm of upper-outer quadrant of right female breast
C50.412	Malignant neoplasm of upper-outer quadrant of left female breast
C50.419	Malignant neoplasm of upper-outer quadrant of unspecified female breast
C50.511	Malignant neoplasm of lower-outer quadrant of right female breast
C50.512	Malignant neoplasm of lower-outer quadrant of left female breast
C50.519	Malignant neoplasm of lower-outer quadrant of unspecified female breast
C50.611	Malignant neoplasm of axillary tail of right female breast
C50.612	Malignant neoplasm of axillary tail of left female breast
C50.619	Malignant neoplasm of axillary tail of unspecified female breast
C50.811	Malignant neoplasm of overlapping sites of right female breast
C50.812	Malignant neoplasm of overlapping sites of left female breast
C50.819	Malignant neoplasm of overlapping sites of unspecified female breast
C50.911	Malignant neoplasm of unspecified site of right female breast
C50.912	Malignant neoplasm of unspecified site of left female breast
C50.919	Malignant neoplasm of unspecified site of unspecified female breast

C79.81 Secondary malignant neoplasm of breast  
 D05.00 Lobular carcinoma in situ of unspecified breast  
 D05.01 Lobular carcinoma in situ of right breast  
 D05.02 Lobular carcinoma in situ of left breast  
 D05.10 Intraductal carcinoma in situ of unspecified breast  
 D05.11 Intraductal carcinoma in situ of right breast  
 D05.12 Intraductal carcinoma in situ of left breast  
 D05.80 Other specified type of carcinoma in situ of unspecified breast  
 D05.81 Other specified type of carcinoma in situ of right breast  
 D05.82 Other specified type of carcinoma in situ of left breast  
 D05.90 Unspecified type of carcinoma in situ of unspecified breast  
 D05.91 Unspecified type of carcinoma in situ of right breast  
 D05.92 Unspecified type of carcinoma in situ of left breast  
 I97.2 Postmastectomy lymphedema syndrome  
 Z85.3 Personal history of malignant neoplasm of breast  
 Z90.10 Acquired absence of unspecified breast and nipple  
 Z90.11 Acquired absence of right breast and nipple  
 Z90.12 Acquired absence of left breast and nipple  
 Z90.13 Acquired absence of bilateral breasts and nipples

**HCPCS Description**

A4280 Adhesive skin support attachment for use with external breast prosthesis, each  
 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, reusable, any type, each  
 L8035 Custom breast prosthesis, post mastectomy, molded to patient model  
 L8039 Breast prosthesis, not otherwise specified