

## LCD for External Breast Prostheses (L5043)

### Contractor Information

**Contractor Name**

TriCenturion

**Contractor Number**

77011

**Contractor Type**

DME PSC

**DME MAC/DMERC this DME PSC is affiliated with**

AdminaStar Federal, Inc (Region B), National Heritage Insurance Company (Region A)

### LCD Information

**LCD ID Number**

L5043

**LCD Title**

External Breast Prostheses

**Contractor's Determination Number**

EBP20070701

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**CMS National Coverage Policy**

None

**Primary Geographic Jurisdiction**

Connecticut  
District of Columbia  
Delaware  
Illinois  
Indiana  
Kentucky  
Massachusetts

Maryland  
Maine  
Michigan  
Minnesota  
New Hampshire  
New Jersey  
New York - Entire State  
Ohio  
Pennsylvania  
Rhode Island  
Virginia  
Vermont  
Wisconsin  
West Virginia

**Oversight Region**

Central Office

**DME Region LCD Covers**

Jurisdiction A/B

**Original Determination Effective Date**

For services performed on or after 10/01/1993

**Original Determination Ending Date**

**Revision Effective Date**

For services performed on or after 07/01/2007

**Revision Ending Date**

**Indications and Limitations of Coverage and/or Medical Necessity**

For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare statutory and regulatory requirements. For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity.

For an item to be covered by Medicare, a written signed and dated order must be received by the supplier before a claim is submitted. If the supplier bills for an item addressed in this policy without first receiving the completed order, the item will be denied as not medically necessary.

A breast prosthesis is covered for a patient who has had a mastectomy, ICD-9-CM diagnosis codes V45.71, 174.0-174.9, or 233.0.

An external breast prosthesis garment, with mastectomy form (L8015) is covered for use in the postoperative period prior to a permanent breast

prosthesis or as an alternative to a mastectomy bra and breast prosthesis.

The additional features of a custom fabricated prosthesis (L8035), compared to a prefabricated silicone breast prosthesis, are not medically necessary. Therefore, if an L8035 breast prosthesis is provided to a patient who has had a mastectomy, payment will be based on the allowance for the least costly medically appropriate alternative, L8030.

An external breast prosthesis of the same type can be replaced at any time if it is lost or is irreparably damaged (this does not include ordinary wear and tear). An external breast prosthesis of a different type can be covered at any time if there is a change in the patient's medical condition necessitating a different type of item. The Medicare program will pay for only one breast prosthesis per side for the useful lifetime of the prosthesis. Two prostheses, one per side, are allowed for those persons who have had bilateral mastectomies. More than one external breast prosthesis per side will be denied as not medically necessary.

### **Coverage Topic**

Breast Prostheses

## **Coding Information**

### **CPT/HCPCS Codes**

**The appearance of a code in this section does not necessarily indicate coverage.**

### **HCPCS MODIFIERS:**

**EY – No physician or other licensed health care provider order for this item or service**

**LT - Left side**

**RT - Right side**

A4280 ADHESIVE SKIN SUPPORT ATTACHMENT FOR USE WITH EXTERNAL BREAST PROsthESIS, EACH

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

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

L8035 CUSTOM BREAST PROSTHESIS, POST MASTECTOMY, MOLDED TO PATIENT MODEL

L8039 BREAST PROSTHESIS, NOT OTHERWISE SPECIFIED

### **ICD-9 Codes that Support Medical Necessity**

**The presence of an ICD-9 code listed in this section is not sufficient by itself to assure coverage. Refer to the section on "Indications and Limitations of Coverage and/or Medical Necessity" for other coverage criteria and payment information.**

174.0 MALIGNANT NEOPLASM OF NIPPLE AND AREOLA OF FEMALE BREAST

174.1 MALIGNANT NEOPLASM OF CENTRAL PORTION OF FEMALE BREAST

174.2 MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF FEMALE BREAST

174.3 MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF FEMALE BREAST

174.4 MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF FEMALE BREAST

174.5 MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF FEMALE BREAST

174.6 MALIGNANT NEOPLASM OF AXILLARY TAIL OF FEMALE BREAST

174.8 MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF FEMALE BREAST

174.9 MALIGNANT NEOPLASM OF BREAST (FEMALE) UNSPECIFIED SITE

233.0 CARCINOMA IN SITU OF BREAST

V45.71 ACQUIRED ABSENCE OF BREAST

### **Diagnoses that Support Medical Necessity**

Refer to the previous section.

### **ICD-9 Codes that DO NOT Support Medical Necessity**

**All ICD-9 codes and diagnoses that are not specified in the preceding section.**

**ICD-9 Codes that DO NOT Support Medical Necessity Asterisk  
Explanation**

**Diagnoses that DO NOT Support Medical Necessity**

All diagnoses that are not specified in the preceding section.

**General Information**

**Documentation Requirements**

Section 1833(e) of the Social Security Act precludes payment to any provider of services unless "there has been furnished such information as may be necessary in order to determine the amounts due such provider." It is expected that the patient's medical records will reflect the need for the care provided. The patient's medical records include the physician's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports. This documentation must be available upon request.

An order for each item billed must be signed and dated by the treating physician, kept on file by the supplier, and made available upon request. Items billed before a signed and dated order has been received by the supplier must be submitted with an EY modifier added to each affected HCPCS code.

The ICD-9 diagnosis code must be included on each claim for the prosthesis or related item.

If the patient's medical condition changes, this should be documented by the patient's physician submitting a new order which explains the need for a different type of breast prosthesis. The order must be kept in the supplier's files but need not be submitted with the claim.

Refer to the Supplier Manual for more information on documentation requirements.

**Appendices**

**Utilization Guidelines**

Refer to Indications and Limitations of Coverage and/or Medical Necessity.

**Sources of Information and Basis for Decision**

**Advisory Committee Meeting Notes**

**Start Date of Comment Period**

04/15/1993

**End Date of Comment Period**

05/31/1993

**Start Date of Notice Period**

08/01/1993

**Revision History Number**

EBP009

**Revision History Explanation**

Revision Effective Date: 07/01/2007

INDICATIONS AND LIMITATIONS OF COVERAGE:

Removed DMERC references

DOCUMENTATION REQUIREMENTS:

Removed DMERC references

03/01/2006 - In accordance with Section 911 of the Medicare Modernization Act of 2003, this policy was transitioned to DME PSC TriCenturion (77011) from DMERC Tricenturion (77011).

Revision effective date: 07/01/2004

Converted LMRP to LCD/Article

Revision effective date: 04/01/2003

HCPCS CODES AND MODIFIERS:

Added: EY modifier

INDICATIONS AND LIMITATIONS OF COVERAGE:

Adds standard language concerning coverage of items without an order

CODING GUIDELINES:

Deleted: K0400 crosswalk to A4280 instructions from 2000.

COVERED ICD-9 CODES:

Added: 233.0

DOCUMENTATION REQUIREMENTS: Adds standard language concerning use of EY modifier for items without an order

The revision dates listed below are the dates the revisions were published and not necessarily the effective dates for the revisions.

01/01/2002 – Revised Coverage and Payment Rules section including rules for useful lifetime expectancy for external breast prostheses and utilization guidelines. Added instructions for use of RT and LT modifiers in Coding Guidelines section.

01/01/2000 – Added HCPCS code A4280. Added Definitions section. Revised Coverage and Payment Rules, including specific ICD-9 codes for coverage, least costly language for L8035, and rules for L8015 for use in the postoperative period. Revised Coding Guidelines section to include code K0400 and A4280. Revised Documentation section including language regarding diagnosis.

03/01/1998 – Added HCPCS code L8039. Removed effective date for K0400 in Coding Guidelines.

10/01/1996 – Revised Coding Guidelines section including instructions for number of units for same code for both breasts. Added effective date for code K0400.

10/01/1995 – Added HCPCS code K0400.

12/01/1993 – Added HCPCS code L8000.

**Last Reviewed On Date**

04/30/2004

**Related Documents**

**Article(s)**

A19801 - External Breast Prostheses – Policy Article – Effective July, 2004

**LCD Attachments**

There are no attachments for this LCD

**Article for External Breast Prostheses – Policy Article – Effective July, 2004 (A19801)**

**Contractor Information**

**Contractor Name, Number, and Type**

DME PSC: TriCenturion (77011)

DME MAC: AdminaStar Federal, Inc (17003) , National Heritage Insurance Company (16003)

**Article Information**

**Article ID Number**

A19801

**Article Type**

Article

**Key Article**

Yes

**Article Title**

External Breast Prostheses – Policy Article – Effective July, 2004

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Kentucky  
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Maryland  
Maine  
Michigan  
Minnesota  
New Hampshire  
New Jersey  
New York - Entire State  
Ohio  
Pennsylvania  
Rhode Island  
Virginia  
Vermont  
Wisconsin  
West Virginia

### **DME Region Article Covers**

Jurisdiction A/B

### **Original Article Effective Date**

06/01/2004

### **Article Revision Effective Date**

03/01/2006

### **Article Text**

#### **NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES**

A mastectomy sleeve (L8010) is denied as noncovered, since it does not meet the definition of a prosthesis.

The useful lifetime expectancy for silicone breast prostheses is 2 years. For fabric, foam, or fiber filled breast prostheses, the useful lifetime expectancy is 6 months. Replacement sooner than the useful lifetime because of ordinary wear and tear will be denied as noncovered.

## **CODING GUIDELINES**

Code L8015 describes a camisole type undergarment with polyester fill used post mastectomy.

A custom fabricated prosthesis is one which is individually made for a specific patient starting with basic materials. Code L8035 describes a molded-to-patient-model custom breast prosthesis. It is a particular type of custom fabricated prosthesis in which an impression is made of the chest wall and this impression is then used to make a positive model of the chest wall. The prosthesis is then molded on this positive model.

Code A4280 should be used when billing for an adhesive skin support that attaches an external breast prosthesis directly to the chest wall.

The right (RT) and left (LT) modifiers must be used with these codes. When the same code for two breast prostheses are billed for both breasts on the same date, the items (RT and LT) must be entered on the same line of the claim form using the RLT modifier and two units of service.

Suppliers should contact the Statistical Analysis Durable Medical Equipment Regional Carrier (SADMERC) for guidance on the correct coding of these items.

### **Coverage Topic**

Breast Prostheses

## **Other Information**

### **Other Comments**

### **Revision History Explanation**

03/01/2006 - In accordance with Section 911 of the Medicare Modernization Act of 2003, this article was transitioned to DME PSC TriCenturion (77011) from DMERC Tricenturion (77011).

Revision Effective date: 07/01/2004  
LMRP converted to LCD and Policy Article

### **Related Documents**

#### **LCD(s)**

L5043 - External Breast Prostheses