Ordering External Breast Prostheses & Supplies

What’s Changed?

- Many updates since 2018 publishing. We encourage providers to read the entire infographic.

You’ll find substantive content updates in dark red font.

Learn about Medicare coverage requirements for ordering post-mastectomy breast prostheses and supplies and meeting Medicare Program medical record documentation.

Coverage

At the time of mastectomy and after, we cover a patient’s reasonable and necessary external breast prostheses and supplies. Coverage requires the ordering practitioner to submit a Standard Written Order (SWO) and document medical necessity for new items and replacements.

Eligible HCPCS codes:

- 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
- L8015 — External breast prosthesis garment, with mastectomy form, post mastectomy
- L8020 — Breast prosthesis, mastectomy form
- L8030 — Breast prosthesis, silicone or equal, without integral adhesive

Note: We deny L8031 and L8035 as not reasonable and necessary.

Local Coverage Determination (LCD): External Breast Prostheses (L33317) and Local Coverage Article: External Breast Prostheses (A52478) have more coverage information. Find your MAC’s website for more LCDs.
Practitioner Documentation

Prescribing practitioner must submit a SWO, which includes:

- Patient's name or Medicare Beneficiary Identifier (MBI)
- Date ordered
- General item description
  - General description, HCPCS code, or narrative, or brand name, and or model number
- Treating practitioner name or National Provider Identifier (NPI) and signature
  - Signatures must meet section 3.3.2.4 of the Medicare Program Integrity Manual, Chapter 3 requirements
- Quantity dispensed (for example, how many bras or prostheses)

The prescribing practitioner can submit a signed SWO to the supplier before delivering the prosthesis or submitting a claim. We allow verbal orders, if followed by a written SWO.

Patient's medical record should show:

- A past mastectomy or breast absence supporting medical necessity
- Prosthesis or related item’s diagnosis code; original surgical documentation isn’t necessary

Local Coverage Article: External Breast Prostheses (A52478) has the ICD-10 applicable code list.

Include treating practitioner records, hospital records, nursing home records, home health agency records, records from other health care professionals, and test reports in the patient’s medical record. Make medical record documentation available to the supplier or MAC upon request.
Supplier Replacements

Reasonable Useful Lifetime (RUL) & Replacement

We don’t cover replacement of an item before its useful lifetime because of ordinary wear and tear. Medicare Benefit Policy Manual, Chapter 15 has more useful lifetime information.

RUL expectancy:

- Silicone breast prostheses (L8030) = 2 years
- Nipple prostheses (L8032, L8033) = 3 months
- Fabric, foam, or fiber filled breast prostheses (L8001, L8002, L8015) = 6 months
- We replace the same type of external breast prosthesis if it’s lost or damaged beyond repair (this doesn’t include ordinary wear and tear)
- We cover a different type of external breast prosthesis if there’s a change in patient’s medical condition requiring a new SWO
- 1 external breast prosthesis per side for prosthesis useful lifetime
- 2 external prostheses, 1 per side, for patients who’ve had bilateral mastectomies
- We deny more than 1 external prosthesis per side as not reasonable and necessary

Note: Suppliers should use appropriate anatomic modifiers when submitting a claim.

Supplier Records

- Suppliers must keep Proof of Delivery (POD) and documentation in their files for 7 years from the service date. Suppliers must include proof of delivery, if requested.
Resources

- Local Coverage Article: Standard Documentation Requirements for All Claims Submitted to DME MACs (A55426)
- Medicare Claims Processing Manual, Chapter 20
- Medicare Coverage Database
- Sections 5.2 & 5.9–5.11 of the Medicare Program Integrity Manual, Chapter 5