



Subject: External Breast Prostheses

Revision: 4/25

DESCRIPTION

The Women's Health and Cancer Rights Act of 1998 (WHCRA) is a federal law that provides protections to covered persons who have undergone a mastectomy. Coverage must be provided for prostheses and treatment of physical complications of all stages of the mastectomy.

APPLICABILITY

This policy applies to all OSU Health Plan (OSUHP) benefit plans

DEFINITIONS

Mastectomy is a surgery to remove all breast tissue from the breast. It is most often done to treat or prevent breast cancer.

Breast prosthesis is an artificial breast form or mold.

Custom fabricated prosthesis is one which is individually made for a specific patient starting with basic materials.

POLICY

The OSU Health Plan considers 6 post-mastectomy replacement bras medically necessary every 12 months. One replacement silicone breast prosthesis is considered medically necessary every 24

months. For fabric, foam, or fiber-filled breast prostheses, replacements are considered medically necessary every 6 months. Replacements of nipple prostheses are considered medically necessary every 3 months. The medical necessity of more frequent replacements must be documented.

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 useful lifetime expectancy for silicone breast prosthesis is 2 years. The useful lifetime expectancy for a nipple prosthesis is 3 months. 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 non-covered.

PROCEDURES

The third-party administrator (TPA) will cover external breast prosthesis according to the above guidelines.

PRIOR AUTHORIZATION

Prior authorization is not required for external breast prostheses.

EXCLUSIONS

The medical necessity for the additional features of a custom fabricated prosthesis (L8035) compared to a prefabricated silicone breast prosthesis has not been established, and therefore, if an L8035 breast prosthesis is billed, it will be denied as not reasonable and necessary.

CODES

Codes related to this policy include:

HCPC CODE	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
L8033	Nipple prosthesis, custom fabricated, reusable, any material, any type, each
L8035	Custom breast prosthesis, post mastectomy, molded to patient model
L8039	Breast prosthesis, not otherwise specified

REFERENCES

Aetna. (2025). External Breast Prosthesis. https://www.aetna.com/cpb/medical/data/1_99/0097.html.

NHIC, Corp. Local Coverage Determination (LCD) for External Breast Prosthesis (L33317). Durable Medical Equipment Medicare Administrative Contractor (DME MAC) Jurisdiction A. Hingham, MA: NHIC; effective October 1, 2015.

NHIC, Corp. Local Coverage Article for External Breast Prosthesis – Policy Article – Effective October 2015 (A52478). Durable Medical Equipment Medicare Administrative Contractor (DME MAC) Jurisdiction A. Hingham, MA: NHIC; effective October 1, 2015.