



Ordering External Breast Prostheses & Supplies



What's Changed?

We added information to help practitioners and DMEPOS suppliers avoid improper payments for ordering post-mastectomy breast prostheses and supplies and meet Medicare Program medical record documentation (pages 2 & 3).

Coverage

At the time of mastectomy and after, we cover a patient's reasonable and necessary external breast prostheses and supplies. The ordering practitioner must submit a standard written order, or SWO, that documents 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

Use code A4280 when billing for an adhesive skin support that attaches an external breast prosthesis directly to the chest wall.

Tip: We deny L8031 and L8035 as not reasonable and necessary, and L8010, a mastectomy sleeve, as non-covered since it doesn't meet the definition of a prosthesis.

[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.

Practitioners: What You Need to Do

Send a standard written order (SWO)

The prescribing practitioner must submit a signed SWO to the supplier before delivering the prosthesis or submitting a claim. We allow verbal orders when they're followed by a written SWO.

The patient's medical record should show:

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

The SWO must include:

- The patient's name or MBI
- A general description of the item, like brand name or model number, HCPCS code, or HCPCS code narrative
- **Quantity dispensed (how many bras or prostheses)**
- Order date
- Your name or NPI
- Your signature

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

Tip: Treating practitioners should make medical record documentation available to the supplier or MAC upon request. The diagnoses related to the patient's need for the prostheses related items may be supported by:

- Treating practitioner records
- Hospital records
- Nursing home records
- Home health agency records
- Records from other health care professionals
- Test reports in the patient's medical record

Supplier Replacements

We don't cover replacement of an item before its useful lifetime because of ordinary wear and tear.

Reasonable Useful Lifetime (RUL) & Replacement 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 the 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



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

Supplier Records

Suppliers must keep proof of delivery, if requested, and documentation in their files for 7 years from the service date.

Resources

- [Local Coverage Article: Standard Documentation Requirements for All Claims Submitted to DME MACs \(A55426\)](#)
- [Medicare Benefit Policy Manual, Chapter 15](#)
- [Medicare Coverage Database](#)

The Comprehensive Error Rate Testing (CERT) Part A and Part B (A/B) and Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Outreach & Education Task Forces are independent from the Centers for Medicare & Medicaid Services (CMS) CERT contractors, which are responsible for calculation of the Medicare Fee-for-Service improper payment rate.

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