



# CIGNA MEDICAL COVERAGE POLICY

The following Coverage Policy applies to all health benefit plans administered by CIGNA Companies including plans formerly administered by Great-West Healthcare, which is now a part of CIGNA.

**Subject External Breast Prostheses and Mastectomy Bras Following Mastectomy or Lumpectomy**

**Effective Date ..... 9/15/2010**  
**Next Review Date ..... 9/15/2012**  
**Coverage Policy Number ..... 0185**

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## Hyperlink to Related Coverage Policies

- Breast Implant Removal
- Breast Reconstruction Following Mastectomy or Lumpectomy
- Prophylactic Mastectomy

### INSTRUCTIONS FOR USE

Coverage Policies are intended to provide guidance in interpreting certain **standard** CIGNA HealthCare benefit plans. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement (GSA), Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document **always supercedes** the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations. Proprietary information of CIGNA. Copyright ©2011 CIGNA

## Coverage Policy

**Coverage for breast prostheses associated with mastectomy or lumpectomy is governed by federal and/or state mandates.**

**CIGNA covers external breast prostheses and mastectomy bras following mastectomy or lumpectomy under the core medical benefits of the plan.**

**CIGNA does not cover external breast prostheses or mastectomy bras for any other indication because they are considered cosmetic and not medically necessary.**

## General Background

Breast reconstruction has become an integral component of the treatment of patients with breast cancer who have undergone a mastectomy or lumpectomy. External breast prostheses are available for women who have uneven- or unequal-sized breasts and who decide not to, or are waiting to, undergo surgical breast reconstruction. They may choose to wear a breast prosthesis and mastectomy bra, or elect to wear a mastectomy garment that has the prosthesis already inserted in it.

Prostheses can attach to the skin with a fabric backing and adhesive or may be worn unattached with a mastectomy bra. Prefabricated prostheses come in various shapes, sizes and skin tones. Custom-fabricated prostheses are custom-designed and special ordered for the individual. These are usually patterned after a mold that is taken of the breast and chest wall prior to surgery. In general, prefabricated prostheses can adequately meet the external prosthetic needs of most individuals. Therefore, custom-fabricated prosthetic garments would not generally be considered medically necessary. Reusable external nipple prostheses are available to cover flat or missing nipples.

### U.S. Food and Drug Administration (FDA)

The FDA classifies external aesthetic restoration prostheses as Class I devices that are exempt from premarket notification (FDA, 2010).

### Federal Mandate

The Women's Health and Cancer Rights Act of 1998 (WHCRA) was enacted as a federal mandate in October 1998. The federal mandate defines coverage for breast reconstruction following mastectomy as:

- reconstruction of the breast on which the mastectomy was performed
- surgery and reconstruction on the other breast to produce symmetrical appearance
- prostheses and treatment of physical complications in all stages of mastectomy, including lymphedemas

Under this mandate, benefits for breast reconstruction services following mastectomy or lumpectomy must be provided to both men and women, a diagnosis of breast cancer cannot be required; and timing of breast reconstruction services is not a factor in coverage. In addition, the mandate prohibits any limitations to the number of prostheses or the length of time from the date of the mastectomy.

### Summary

The initial decision after mastectomy or lumpectomy is whether to reconstruct the breast. External breast prostheses are available for women who have uneven- or unequal-sized breasts and who decide not to, or are waiting to, undergo surgical breast reconstruction. Healthcare professionals need to provide women with information and resources to participate in the breast restoration decision-making process.

## Coding/Billing Information

**Note:** This list of codes may not be all-inclusive.

**Covered when medically necessary:**

HCPCS Codes	Description
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
L8015	External breast prosthesis garment, with mastectomy form, post mastectomy
L8020	Breast prosthesis, mastectomy form
L8030	Breast prosthesis, silicone or equal
L8031	Breast prosthesis, reusable, any type, each
L8032	Nipple prosthesis, reusable, any type, each
L8035	Custom breast prosthesis, post mastectomy, molded to patient
L8039	Breast prosthesis, not otherwise specified

ICD-9-CM Diagnosis Codes	Description
174.0-174.9	Malignant neoplasm of female breast

175.0–175.9	Malignant neoplasm of male breast
198.81	Secondary malignant neoplasm of other specified sites; breast
233.0	Carcinoma in situ of breast
V10.3	Personal history of malignant neoplasm; breast
V45.71 <sup>†</sup>	Acquired absence of breast
V50.41	Prophylactic organ removal: breast
	Multiple/varied

<sup>†</sup>**Note:** Coverage is limited to acquired absence associated with mastectomy or lumpectomy.

\*Current Procedural Terminology (CPT®) ©2010 American Medical Association: Chicago, IL.

## References

1. American Cancer Society (ACS). Detailed guide: breast cancer. What happens after treatment for breast cancer? Revised September 9, 2009. Accessed July 19, 2010. Available at URL address: <http://www.cancer.org/Cancer/index>
2. Centers for Medicare & Medicaid Services (CMS). CIGNA Government Services: LCD for external breast prosthesis (L11554). Effective January 1, 2010. Accessed July 19, 2010. Available at URL address: [http://www.cms.gov/mcd/viewlcd.asp?lcd\\_id=11554&lcd\\_version=25&show=all](http://www.cms.gov/mcd/viewlcd.asp?lcd_id=11554&lcd_version=25&show=all)
3. Centers for Medicare & Medicaid Services (CMS). The Women's Health and Cancer Rights Act. Accessed July 19, 2010. Available at URL address: [http://www.cms.gov/HealthInsReformforConsume/06\\_TheWomensHealthandCancerRightsAct.asp](http://www.cms.gov/HealthInsReformforConsume/06_TheWomensHealthandCancerRightsAct.asp)
4. U.S. Food and Drug Administration (FDA). Products Classification. External aesthetic restoration prostheses. Updated July 8, 2010. Accessed July 19, 2010. Available at URL address: <http://www.fda.gov/search/databases.html>

## Policy History

<u>Pre-Merger Organizations</u>	<u>Last Review Date</u>	<u>Policy Number</u>	<u>Title</u>
CIGNA HealthCare	9/15/2008	0185	External Breast Prosthesis and Mastectomy Bras Following Mastectomy or Lumpectomy

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