



## **PURPOSE OF THE POLICY**

To provide coverage information for specific medical conditions and procedures.

## **STATEMENT OF THE POLICY**

This medical policy is proprietary information and should not be distributed outside Health Alliance unless authorized by the Medical Management Department.

## **BENEFIT**

External breast prosthetics, bras, and other devices to hold breast prosthetics in place are provisionally covered prosthetic benefits.

## **INTERPRETATION**

- 1.** An external breast prosthesis or partial prosthesis is a covered benefit for members who have had a mastectomy or significantly breast deforming lumpectomy or breast biopsy.
- 2.** Breast prosthetics may be purchased at a vendor of the member's choice. Medicare members must utilize a Medicare approved vendor.
- 3. Cover Medicare allowable for all product lines, less the applicable prosthetics co-payment.**
- 4.** Prosthetic bras are covered, up to six per contract year. The useful lifetime expectancy for silicone breast prostheses is 2 years. The useful lifetime expectancy of fabric, foam, or fiber filled breast prostheses is 6 months. Replacement sooner than the useful lifetime, because of ordinary wear and tear, will be denied as non-covered.
- 5.** If a member buys the item from a non-contracted vendor, she must submit a copy of her paid receipt and a copy of the physician's prescription for reimbursement.

## **REFERENCES**

External Breast Prosthesis, L26999, Medicare Local Coverage Determination, National Government Services.

Vendor survey, 2/97, 7/97.

## **DISCLAIMER**

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies.

Benefit determinations are based on applicable contract language in the members Policy/ Subscription Certificate/Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.

