

Medical Policy:

**External Breast Prostheses &
Prosthetic Brassiere**

Effective Date: 08/28/07

Revised Date: 11/1/11; 4/17/12

Reviewed/No Updates: 1/28/13; 2/13/14; 2/12/15;
2/11/16; 2/9/17; 2/8/18; 2/14/19; 2/13/20

Policy:

VCHCP considers medically necessary an external breast prosthesis and post-mastectomy bras following a medically necessary mastectomy (unilateral or bilateral). Request for these prostheses will be authorized when a member elects to use external breast prosthesis in lieu of, prior to, during or after breast reconstruction surgery following a mastectomy.

VCHCP will authorize coverage for the following:

- Two post-mastectomy replacement bras every 12 months
- One replacement silicone breast prosthesis (in the case of unilateral mastectomy) or two breast prostheses (in the case of bilateral mastectomy) every 24 months
- Replacements of fabric, foam, or fiber-filled breast prostheses every 6 months. The medical necessity of more frequent replacements must be documented.

Note: The additional features of a custom-fabricated breast prosthesis, compared to a pre-fabricated silicone breast prosthesis, are not considered medically necessary.

Definitions:

Prosthesis: A device used to substitute for a missing body part.

Prosthetic Brassiere: A device used to house a breast prosthesis.

Procedure:

A treatment authorization request (TAR) must be submitted to VCHCP by the member's treating physician.

A. Attachments – None

B. Author/Reviewer: Sheldon Haas, MD; Date: June 2007

Committee Review: UM: August 09, 2007; QAC: August 28, 2007

Reviewed/Revised: Albert Reeves, MD; Date: Nov 11, 2011

Committee Review: UM: November 10, 2011; QAC November 22, 2011

Reviewed/No Changes: Albert Reeves, MD; Date: April 17, 2012

Committee Reviews: UM: May 10, 2012; QAC May 22, 2012

Reviewed/No Updates: Catherine Sanders, MD

Committee Review: UM: February 12, 2015; QAC February 24, 2015

Reviewed/No Changes: Albert Reeves, MD; Date: 1/28/13
 Committee Review: UM: February 14, 2013; QAC: February 26, 2013
 Reviewed/No Changes: Catherine Sanders, MD
 Committee Review: UM: February 13, 2014; QAC: February 25, 2014
 Reviewed/No Updates by: Faustine Dela Cruz, RN & Catherine Sanders, MD
 Committee Review: UM: February 11, 2016; QAC: February 23, 2016
 Reviewed/No Updates by: Catherine Sanders, MD & Robert Sterling, MD
 Committee Review: UM: February 9, 2017; QAC: February 28, 2017
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 Committee Review: UM: February 8, 2018; QAC: February 27, 2018
 Reviewed/No Updates by: Catherine Sanders, MD & Robert Sterling, MD
 Committee Review: UM: February 14, 2019; QAC: February 26, 2019
 Reviewed/No Updates by: Howard Taekman, MD & Robert Sterling, MD
 Committee Review: UM: February 13, 2020; QAC: February 25, 2020

Revision Date	Content Revised (Yes/No)	Contributors	Review/Revision Notes
2/9/17	No	Catherine Sanders, MD; Robert Sterling, MD	Annual Review
2/8/18	No	Catherine Sanders, MD; Robert Sterling, MD	Annual Review
2/14/19	No	Catherine Sanders, MD; Robert Sterling, MD	Annual Review
2/13/20	No	Howard Taekman, MD; Robert Sterling, MD	Annual Review

C. References

1. H&SC 1367.18. Coverage for orthotic and prosthetic devices and services
2. H&SC 1367.6. Coverage for breast cancer screening, diagnosis, and treatment; Denial of enrollment of coverage on grounds related to breast cancer; Prosthetic devices or reconstructive surgery
3. H&SC 1367.635 Mastectomies and lymph node dissections