

Policy Number: CP-IFP20-023A

Original Effective Date: April 1, 2022

Last Review Date: October 1, 2025

DME: Mastectomy Bras & External Breast Prosthesis (IFP)

The purpose of this policy is to provide clarity and specificity for coverage under the Durable Medical Equipment benefits for mastectomy garments and external prosthesis following mastectomy surgery. Items can be obtained from a contracted DME Vendor, or a local specialty provider, the member can submit for reimbursement.

This policy does not apply to breast prostheses surgically implanted during reconstructive surgery.

DISCLAIMER

Coverage Policies are developed to assist in identifying coverage for UCare benefits under UCare's health plans. They are intended to serve only as a general reference regarding UCare's administration of health benefits and are not intended to address all issues related to coverage for health services provided to UCare members.

These services may or may not be covered by all UCare products (refer to product section of individual coverage policy for product-specific detail). Providers are encouraged to have their UCare patient refer to their UCare plan documents (Evidence of Coverage/Member Handbook/Member Contract) for specific coverage information. If there is a conflict between a coverage policy and the UCare plan documents, the UCare plan documents prevail.

Medical Assistance (Medicaid) products may provide different coverage for certain services, which may be addressed in different policies. For Minnesota Health Care Program (MHCP) policies, please consult the MHCP Provider Manual website.

Medicare products may provide different coverage for certain services, which may be addressed in different policies. For Medicare National Coverage Determinations (NCD), Local Coverage Determinations (LCD), and/or Local Coverage Articles, please consult CMS, National Government Services, or CGS websites.

Coverage Policies do not constitute medical advice. Providers are responsible for submission of accurate and compliant claims.

PRODUCT SUMMARY

This coverage policy applies to the following UCare products:

UCare product	Applies to
UCare Individual & Family Plans (IFP), UCare IFP with M Health Fairview	✓
UCare Connect (SNBC)	
Prepaid Medical Assistance Program (PMAP), MinnesotaCare	
Minnesota Senior Care Plus (MSC+)	

Benefit category:

Durable Medical Equipment

Definitions or summary

UCare covers breast reconstruction after a mastectomy surgery and reconstruction of the other breast to produce an even appearance. This includes prostheses and physical complications of all stages of mastectomy and reconstructive surgery, and treatment for lymphedema.

Mastectomy Bra-used to support an external breast prosthesis mastectomy bra, without integrated breast prosthesis form, any size, any type" describes a bra with pockets that are intended to hold a mastectomy form or breast prosthesis held adjacent to the chest wall. These do not include an integrated breast prosthesis. They may be constructed of any material (e.g., cotton, polyester, or other materials), with any type or location of closure, any size, with or without integrated structural support (e.g., underwire).

Mastectomy Camisole-alternate external breast prosthesis garment, with mastectomy form, post mastectomy" describes a camisole type undergarment with polyester fill used post mastectomy.

Breast Prosthesis-device or item worn externally that replaces a surgically removed breast. Generally made from silicone or foam, may be used with mastectomy garment or may be self-adhesive and attach to the chest wall.

Coverage policy

Covered

- External breast prostheses are covered post mastectomy
 - limited to one type per affected side.
- Mastectomy bra or camisole (used to support the breast prosthesis is covered).
 - limited to two bras per 12-month period.
- Adhesive skin support attachment for use with external breast prosthesis when used in place of mastectomy support bras.
- Replacements for external breast prostheses or forms is determined based on the average life of the product, as established by the manufacturers –
 - in most cases, limited to one per affected side per 12-month period.
- Replacement breast prostheses or forms are covered when needed due to a change in a member's physical condition, including but not limited to, substantial weight gain or weight loss.

Services not covered include but not limited to

- Custom Breast Prostheses
- Custom Nipple Prostheses

CPT/ HCPCS/ICD-10 Codes

**Note: If available, codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. This list may not be all-inclusive.*

CPT®, HCPCS or ICD-10 Codes	Modifier	Narrative 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
S8460		Camisole, Post Mastectomy

*CPT is a registered trademark of the American Medical Association.

Prior authorization

Not required

Related policies and documentation

References to other Policies or Documentation that may be Relevant to this Policy.

Policy Number	Policy Description
CP-IFP21-006A	Durable Medical Equipment

References and source documents

Links to the Ucare contracts, Center for Medicare, and Medical Assistance (Medicaid) MHCP, Minnesota statute and other relevant documents used to create this policy

[Individual & Family Plans Member Documents and Information](#)

Member Claim Reimbursement Form_U6976A

Coverage policy development and revision history

Version	Date	Note (s)
V1	April 01, 2022	New policy Original Effective Date
	Nov.30, 2022	Annual review; no changes
	Oct. 16, 2023	Annual Review: No substantive change Added DME to the Title
	Oct. 16, 2024	Annual Review: No substantive change
	April 16, 2025	March 2025, DHS guideline requirement
	Oct. 1, 2025	Annual Review: aligned language with 2026 contract updated non covered heading "Services not covered include but not limited" to match 2026 contract