Rule No. 560-X-13-.16 External Breast Prostheses

(1) Effective June 1, 2001, external breast prostheses following mastectomy for breast cancer are covered for all Medicaid-eligible recipients meeting the criteria.

~~(2) Coverage is available for the external breast prostheses when all of the following criteria are met:~~

~~(a) Recipient must be eligible for Medicaid on the date of service for provision of prostheses;~~

~~(b) The date of the mastectomy and the ICD-9 diagnosis code for which was performed (174.0-174.9, 198.81, 233.0) is provided in the clinical statement section of the appropriate Alabama Prior Review and Authorization Request Form; and~~

~~(c) The appropriate procedure codes are billed as indicated below:~~

~~Procedure Code~~	~~Description~~	~~Limits~~
~~L8000~~	~~Breast prosthesis, mastectomy bra, Maximum of 4 on initial request.~~	~~6/year~~
~~L8015~~	~~External breast prosthesis garment, with mastectomy form~~	~~2/year~~
~~L8020~~	~~Breast prosthesis, mastectomy form~~	~~**~~
~~L8030~~	~~Breast prosthesis, silicone or equal~~	~~**~~
~~*L8035~~	~~Custom breast prosthesis, post-mastectomy, molded to patient model~~	
~~*L8039~~	~~Breast prosthesis, not otherwise classified evaluated on a case-by-case basis with submission of pricing information and medical documentation~~	

~~*These codes will be reviewed on a case-by-case basis. Additional documentation may be requested to determine medical necessity for coverage.~~

~~**Limited to two of L8020 per year or one L8020 and one L8030 per year or two of L8030 per year or one L8030 and one L8020 per year.~~

~~(3) Requests for prior authorization must be made on the appropriate Alabama Prior Review and Authorization Request Form and submitted to the Fiscal Agent, Prior Authorization Unit to obtain approval before providing the prosthetic devices.~~

~~(4) Maximum calendar year limits apply to each of the procedures as indicated above.~~

(~~5~~2) Durable Medical Equipment (DME) providers of external breast prostheses devices for adults must be enrolled as an Alabama Medicaid Agency (AMA) provider and Mastectomy Fitters must be licensed by the Alabama Board of Prosthetics, Orthotics and Pedorthics.

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Statutory Authority: State Plan; 42 CFR, Section 440.70; Title XIX, Social Security Act.

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