



CLINICAL MEDICAL POLICY	
Policy Name:	Breast and Nipple Prostheses
Policy Number:	MP-153-MD-PA
Responsible Department(s):	Medical Management
Provider Notice/Issue Date:	09/28/2026
Effective Date:	12/01/2026
Next Annual Review:	12/2027
Implementation Date:	03/18/2026
Products:	Highmark Wholecare SM Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1 of 5

Policy History

Date	Action
12/01/2026	Provider Effective date
04/15/2026	PARP Approval
03/18/2026	QI/UM Committee review
03/18/2026	Policy initially developed Policy based on DHS MAB2026020402 MAB2024090901

Disclaimer

Highmark WholecareSM medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

Policy Statement

Highmark WholecareSM may provide coverage under the medical-surgical benefits of the Company's Medicaid products for medically necessary breast and/or nipple prostheses.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

(Current applicable Pennsylvania HealthChoices Agreement Section V. Program Requirements, B. Prior Authorization of Services, 1. General Prior Authorization Requirements.)

Definitions

Prior Authorization Review Panel (PARP) – A panel of representatives from within the PA Department of Human Services who have been assigned organizational responsibility for the review, approval and denial of all PH-MCO Prior Authorization policies and procedures.

External breast prosthesis - an artificial breast that is worn under clothing to imitate the shape of the breast. A breast prosthesis can recreate the appearance of a breast shape under clothing and can also help to improve the individual's balance and posture, which may be affected after a mastectomy. There are a wide variety of external breast prostheses available. Some are held within specially designed bras, while others are attached to the skin with a sticky backing.

Mastectomy - surgery to remove part or all of the breast. It's usually done to treat breast cancer by removing the cancer. A mastectomy may be the first treatment option for some types of breast cancer or done after chemotherapy for other types. If an individual is at a very high risk for breast cancer, sometimes a mastectomy may be done to reduce any risk.

Lumpectomy - surgery to remove cancer or other abnormal tissue from the breast and some normal tissue around it, but not the breast itself. Some lymph nodes under the arm may be removed for biopsy. Part of the chest wall lining may also be removed if the cancer is near it. Also called breast-conserving surgery, breast-sparing surgery, partial mastectomy, quadrantectomy, and segmental mastectomy.

Procedures

1. Breast and/or nipple prostheses may be considered medically necessary when the individual has had a documented mastectomy or lumpectomy for the treatment of breast cancer.
2. Replacement of breast and/or nipple prostheses may be considered medically necessary when the individual has a documented mastectomy or lumpectomy for the treatment of breast cancer AND a letter/medical record documenting that the initial breast/nipple prosthesis is lost or is irreparably damaged.

Note: See 'Informational' section below for quantity limits.

Please see [InterQual®](#) for medical necessity criteria for breast reconstruction procedures.

3. Post-payment Audit Statement
The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark WholecareSM at any time pursuant to the terms of your provider agreement.

Governing Bodies Approval

CMS

The Centers for Medicare and Medicaid Services (CMS) have published the following guidance:

- Local Coverage Determination (LCD) External Breast Prostheses (L33317)
- Local Coverage Article (LCA) External Breast Prostheses - Policy Article (A52478)

Coding Requirements

Procedure Codes

HCPSC Code	Description
A4280	Adhesive skin support attachment for use with external breast prosthesis, each
L8000	Breast prosthesis, mastectomy bra, without integrated breast prosthesis form, any size, any type
L8001	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral, any size, any type
L8002*	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral, any size, any type
L8010	Breast prosthesis, mastectomy sleeve
L8015	External breast prosthesis garment, with mastectomy form, post mastectomy
L8020	Breast prosthesis, mastectomy form
L8030	Breast prosthesis, silicone or equal, without integral adhesive
L8031*	Breast prosthesis, silicone or equal, with integral adhesive
L8032	Nipple prosthesis, prefabricated, reusable, any type, each
L8033	Nipple prosthesis, custom fabricated, reusable, any material, any type, each
L8035*	Custom breast prosthesis, post mastectomy, molded to patient model
L8039*	Breast prosthesis, not otherwise specified

* - Requires Prior Authorization

Diagnosis Codes

ICD-10 Code	Description
C50.011	Malignant neoplasm of nipple and areola, right female breast
C50.012	Malignant neoplasm of nipple and areola, left female breast
C50.019	Malignant neoplasm of nipple and areola, unspecified female breast
C50.111	Malignant neoplasm of central portion of right female breast
C50.112	Malignant neoplasm of central portion of left female breast
C50.119	Malignant neoplasm of central portion of unspecified female breast
C50.211	Malignant neoplasm of upper-inner quadrant of right female breast
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast
C50.219	Malignant neoplasm of upper-inner quadrant of unspecified female breast
C50.311	Malignant neoplasm of lower-inner quadrant of right female breast
C50.312	Malignant neoplasm of lower-inner quadrant of left female breast
C50.319	Malignant neoplasm of lower-inner quadrant of unspecified female breast
C50.411	Malignant neoplasm of upper-outer quadrant of right female breast
C50.412	Malignant neoplasm of upper-outer quadrant of left female breast
C50.419	Malignant neoplasm of upper-outer quadrant of unspecified female breast
C50.511	Malignant neoplasm of lower-outer quadrant of right female breast
C50.512	Malignant neoplasm of lower-outer quadrant of left female breast
C50.519	Malignant neoplasm of lower-outer quadrant of unspecified female breast

C50.611	Malignant neoplasm of axillary tail of right female breast
C50.612	Malignant neoplasm of axillary tail of left female breast
C50.619	Malignant neoplasm of axillary tail of unspecified female breast
C50.811	Malignant neoplasm of overlapping sites of right female breast
C50.812	Malignant neoplasm of overlapping sites of left female breast
C50.819	Malignant neoplasm of overlapping sites of unspecified female breast
C50.911	Malignant neoplasm of unspecified site of right female breast
C50.912	Malignant neoplasm of unspecified site of left female breast
C50.919	Malignant neoplasm of unspecified site of unspecified female breast
C50.A0	Malignant inflammatory neoplasm of unspecified breast
C50.A1	Malignant inflammatory neoplasm of right breast
C50.A2	Malignant inflammatory neoplasm of left breast
C79.81	Secondary malignant neoplasm of breast
D05.00	Lobular carcinoma in situ of unspecified breast
D05.01	Lobular carcinoma in situ of right breast
D05.02	Lobular carcinoma in situ of left breast
D05.10	Intraductal carcinoma in situ of unspecified breast
D05.11	Intraductal carcinoma in situ of right breast
D05.12	Intraductal carcinoma in situ of left breast
D05.80	Other specified type of carcinoma in situ of unspecified breast
D05.81	Other specified type of carcinoma in situ of right breast
D05.82	Other specified type of carcinoma in situ of left breast
D05.90	Unspecified type of carcinoma in situ of unspecified breast
D05.91	Unspecified type of carcinoma in situ of right breast
D05.92	Unspecified type of carcinoma in situ of left breast
I97.2	Postmastectomy lymphedema syndrome
Z85.3	Personal history of malignant neoplasm of breast
Z90.10	Acquired absence of unspecified breast and nipple
Z90.11	Acquired absence of right breast and nipple
Z90.12	Acquired absence of left breast and nipple
Z90.13	Acquired absence of bilateral breasts and nipples

Informational

Quantity Level Limits For Breast Prosthetics

HCPSC Code	Quantity Limit
A4280	Sixty (60) per month
L8000	Four (4) per 365 days
L8001	Four (4) per 365 days
L8002	Four (4) per 365 days
L8010	Three (3) per Right side and three (3) per Left side per 180 days

L8015	Four (4) per 365 days
L8020	Two (2) within 12 months for fabric, foam, or fiber-filled breast prostheses, per affected side One (1) within 24 months for silicone prostheses per affected side
L8030	One (1) per affected side, every 24 months
L8031	One (1) per affected side, every 24 months
L8032	One (1) per affected side, every 3 months
L8035	Two (2) within 12 months for fabric, foam, or fiber-filled breast prostheses, per affected side One (1) within 24 months for silicone prostheses per affected side
L8039	Two (2) within 12 months for fabric, foam, or fiber-filled breast prostheses, per affected side One (1) within 24 months for silicone prostheses per affected side

Reimbursement

Participating facilities will be reimbursed per their Highmark WholecareSM contract.

Reference Sources

Pennsylvania Department of Human Services (DHS). Medical Assistance Bulletin (MAB) Prior Authorization Guidelines for Breast and Nipple Prostheses. February 4, 2026. Accessed on February 13, 2026.

The Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD) External Breast Prostheses (L33317). Original Effective date October 1, 2015. Revision Effective date April 1, 2025. Accessed on February 13, 2026.

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