

Evidence Based Guideline

External Breast Reconstruction (Prosthesis)

File Name: external_breast_reconstruction_(prosthesis)
Origination: 8/1993
Last Review: 7/2004

Active guideline, no longer scheduled for routine literature review.

Description of Procedure or Service

External breast reconstruction (EBR) is a non-surgical procedure for post-mastectomy breast replacement. It is an alternative to both surgical reconstruction and mass produced prostheses. The non-surgical procedure involves:

- ◆ Taking a plaster cast of the patient's chest wall
- ◆ Creating a prototype of the reconstructed breast (mandrel)
- ◆ Fitting the patient with the [prosthesis](#)

The [prosthesis](#) resembles the patient's breast in size, weight, shape, nipple size, and skin color. With the use of adhesives, the patient has the option of adhering the [prosthesis](#) to her body.

Evidence Based Guideline for External Breast Reconstruction (Prosthesis)

External breast reconstruction (Prosthesis) may be appropriate as post-mastectomy reconstruction.

Medical Evidence regarding External Breast Reconstruction (Prosthesis) indicates it is not recommended in the following situations:

External breast reconstruction (Prosthesis) is not recommended for any purpose other than post-mastectomy reconstruction.

Benefits Application

Please refer to certificate for availability of benefit. This guideline relates only to the services or supplies described herein. Benefits may vary according to benefit design; therefore certificate language should be reviewed before applying the terms of the policy.

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it

Policy: External Breast Reconstruction (Prosthesis)

will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable codes: L8035

Reimbursement for EBR is the same as other external breast prostheses. The casting associated with the prosthesis should be coded to 19396. The fittings associated with the prosthesis should be handled in the same manner as fittings associated with any other prosthesis (i.e., upper limb).

Medical Term Definitions

Prosthesis or prosthetic

an artificial substitute for a missing body part, may be functional or cosmetic or both.

Scientific Background and Reference Sources

Scientific Background and Reference Sources -
Physician Advisory Group, August 26, 1993
Medical Policy Advisory Group - 1/99
Specialty Matched Consultant Advisory Panel - 10/2000
Medical Policy Advisory Group - 10/2000
Specialty Matched Consultant Advisory Panel - 9/2002
BCBSA Medical Policy Reference Manual, 1.04.01, 7/12/02
Specialty Matched Consultant Advisory Panel - 7/2004

Policy Implementation/Update Information

8/93 Original policy issued.
8/96 Reaffirmed: Renamed policy to (L) L8030.ALL
See also: National Association's Policy on Prosthetic Appliances, UMP Allied health Section, p. L5000.0
1/99 Reaffirmed: Medical Policy Advisory Group
6/99 Reformatted, Medical Term Definitions added.
10/00 Specialty Matched Consultant Advisory Panel review. No change recommended in criteria. System coding changes. Medical Policy Advisory Group review. No change in criteria. Approve.
10/02 Specialty Matched Consultant Advisory Panel review. No change to policy. Reaffirm. System coding changes.
12/02 Added code S8433 to policy. System coding changes.
4/04 Benefits Application and Billing/Coding sections updated for consistency.
8/12/04 Specialty Matched Consultant Advisory Panel review 7/14/2004. No changes to criteria. Removed HCPCS S8433 from Billing/Coding section due to deletion of code. Policy status changed to:

Policy: External Breast Reconstruction (Prosthesis)

"Active policy, no longer scheduled for routine literature review". References added. Effective date 8/12/2004.

8/21/06 Medical Policy changed to Evidence Based Guideline. (btw)

6/22/10 Policy Guideline Number(s) removed (amw)

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.