



### MO HealthNet PA Criteria

Medical Procedure Class:	<b>Breast Prostheses, L8020NURT, L0820NULT, L8030NURT and L8030NULT</b>
Implementation Date:	<b>6/26/2009 Smart PA implementation 6/30/2009 CyberAccess implementation</b>
Prepared for:	<b>MO HealthNet</b>
Prepared by:	<b>Conduent Business Services, LLC</b>

**New Criteria**

**Revision of Existing Criteria**

### Executive Summary

<b>Purpose:</b>	To allow a more consistent and streamlined process for authorization of breast prostheses.	
<b>Why was this Issue Selected:</b>	Senate Bill 577 passed by the 94 <sup>th</sup> General Assembly directs MO HealthNet to utilize an electronic web-based system to authorize Durable Medical Equipment using best medical evidence and care and treatment guidelines, consistent with national standards to verify medical need.	
<b>Procedures subject to Pre-Certification</b>	L8020, breast prosthesis; mastectomy form (foam) L8030, breast prosthesis; silicone or equal	
<b>Setting &amp; Population:</b>	All MO HealthNet fee-for-service participants	
<b>Data Sources:</b>	<input checked="" type="checkbox"/> <b>Medicare LCD</b>	<input checked="" type="checkbox"/> <b>MHN Policy</b>

### Setting & Population

All MO HealthNet fee for service participants.

## Approval Criteria

**A breast prosthesis is covered for a patient who has had a mastectomy.**

ICD-10-CM diagnosis	Code Description	ICD-10-CM diagnosis	Code Description
C50.011	Malignant neoplasm of nipple and areola, right female breast	C50.812	Malignant neoplasm of overlapping sites of left female breast
C50.012	Malignant neoplasm of nipple and areola, left female breast	C50.819	Malignant neoplasm of overlapping sites of unspecified female breast
C50.019	Malignant neoplasm of nipple and areola, unspecified female breast	C50.911	Malignant neoplasm of unspecified site of right female breast
C50.111	Malignant neoplasm of central portion of right female breast	C50.912	Malignant neoplasm of unspecified site of left female breast
C50.112	Malignant neoplasm of central portion of left female breast	C50.919	Malignant neoplasm of unspecified site of unspecified female breast
C50.119	Malignant neoplasm of central portion of unspecified female breast	D05.00	Lobular carcinoma in situ of unspecified breast
C50.211	Malignant neoplasm of upper-inner quadrant of right female breast	D05.01	Lobular carcinoma in situ of right breast
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast	D05.02	Lobular carcinoma in situ of left breast
C50.219	Malignant neoplasm of upper-inner quadrant of unspecified female breast	D05.10	Intraductal carcinoma in situ of unspecified breast
C50.311	Malignant neoplasm of lower-inner quadrant of right female breast	D05.11	Intraductal carcinoma in situ of right breast
C50.312	Malignant neoplasm of lower-inner quadrant of left female breast	D05.12	Intraductal carcinoma in situ of left breast
C50.319	Malignant neoplasm of lower-inner quadrant of unspecified female breast	D05.80	Other specified type of carcinoma in situ of unspecified breast
C50.411	Malignant neoplasm of upper-outer quadrant of right female breast	D05.81	Other specified type of carcinoma in situ of right breast
C50.412	Malignant neoplasm of upper-outer quadrant of left female breast	D05.82	Other specified type of carcinoma in situ of left breast
C50.419	Malignant neoplasm of upper-outer quadrant of unspecified female breast	D05.90	Unspecified type of carcinoma in situ of unspecified breast
C50.511	Malignant neoplasm of lower-outer quadrant of right female breast	D05.91	Unspecified type of carcinoma in situ of right breast
C50.512	Malignant neoplasm of lower-outer quadrant of left female breast	D05.92	Unspecified type of carcinoma in situ of left breast
C50.519	Malignant neoplasm of lower-outer quadrant of unspecified female breast	Z90.10	Acquired absence of unspecified breast and nipple
C50.611	Malignant neoplasm of axillary tail of right female breast	Z90.11	Acquired absence of right breast and nipple
C50.612	Malignant neoplasm of axillary tail of left female breast	Z90.12	Acquired absence of left breast and nipple
C50.619	Malignant neoplasm of axillary tail of unspecified female breast	Z90.13	Acquired absence of bilateral breasts and nipples
C50.811	Malignant neoplasm of overlapping sites of right female breast		

## Denial Criteria

The approval criteria are not met.

## Quantity Limitation

L8020 is limited to 1 mastectomy form (foam) prosthesis, per side, per 6 months.  
L8030 is limited to 1 silicone or equal prosthesis, per side, per 24 months.

## Approval Period

90 days

## Appendix B: Potential Questions for Step 1 and Step 2

**\*\*The following questions may be encountered as part of the approval and denial criteria. Depending on the patient's history and the way previous questions may be answered, not every question may be asked for every patient.**

1. Is this request for bilateral prosthesis?
2. Is the request for a right breast prosthesis?
3. Is the request for a left breast prosthesis?
4. Is there a written signed and dated physician's order for a breast prosthesis?
5. Do you hereby certify this item is medically necessary?