

References: L33317, A52478

All HCPCS Codes (A4280, L8000 – L8002, L8010, L8015, L8020, L8030 – L8032, L8035, L8039)

- Dispensing Order, if applicable
- Detailed Written Order (DWO)
- Beneficiary Authorization
- Proof of Delivery (POD)
 - Method 1 - Direct Delivery to the Beneficiary by the Supplier
The date the beneficiary/designee signs for the prosthesis is to be the date of service of the claim.
 - Method 2 - Delivery via Shipping or Delivery Service
The shipping date is to be the date of service of the claim.
 - Method 3—Delivery to Nursing Facility on Behalf of a Beneficiary
- Continued Need
- Continued Use

Medical Records

- Medical records document the beneficiary has had a mastectomy

Billing Reminders

- The right (RT) and left (LT) modifiers must be used with these codes. When the same code for bilateral items (left and right) is billed on the same date of service, bill for both items on the same claim line using the RTLTL modifiers and 2 units of service. Claims billed without modifiers RT and/or LT will be rejected as incorrect coding.
- Bras and similar inherently bilateral items (L8000 - L8002, L8015) are exempt from the RTLTL requirement.
- The diagnosis code that supports the medical necessity of the breast prosthesis must be included on each claim.
- If a silicone or equal breast prosthesis with integral adhesive (L8031) or a custom fabricated breast prosthesis (L8035) is billed it will be denied as not medically necessary, however, either item can be billed as an upgrade.
- Bras cannot be billed as an upgrade
- Add appropriate modifier to the HCPCS code when an upgrade has been provided.
 - GK – Reasonable and necessary item associated with a GA or GZ modifier
 - GL – Medically unnecessary upgrade provided instead of non-upgraded item, no charge, no ABN

Print Form

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