

ALABAMA MEDICAID AGENCY

NOTICE OF INTENDED ACTION

RULE NO. & TITLE: 560-X-13-.16(3) – External Breast Prostheses

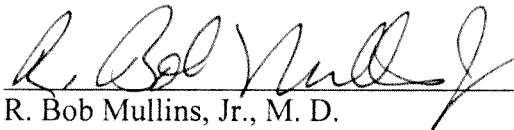
INTENDED ACTION: Amend 560-X-13-.16(3)

SUBSTANCE OF PROPOSED ACTION: The above-mentioned rule is being amended to change EDS to Fiscal Agent.

TIME, PLACE, MANNER OF PRESENTING VIEWS: Written or oral comments may be submitted to the Alabama Medicaid Agency, 501 Dexter Avenue, Post Office Box 5624, Montgomery, Alabama 36103-5624, 334-242-5833. Agency business hours are 8:00 a.m. to 5:00 p.m. Monday through Friday.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: Written/Oral comments concerning this change must be received by the Alabama Medicaid Agency no later than May 4, 2012.

CONTACT PERSON AT AGENCY: Stephanie McGee Azar, Administrative Secretary, Alabama Medicaid Agency, 501 Dexter Avenue, Post Office Box 5624, Montgomery, Alabama 36103-5624.



R. Bob Mullins, Jr., M. D.
Commissioner

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 EDS 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.

Author: Vivian Bristow, Administrator, Pharmacy/ DME Unit

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

History: New Rule: Filed October 12, 2001; effective November 16, 2001. **Amended:** Filed August 11, 2004; effective September 15, 2004. **Amended:** Filed March 20, 2012; effective June 15, 2012