

Insurance coverage for post-surgical garments and breast forms: **What your patients need to know**

After surgery for breast cancer treatment or prevention, health insurance plans are required to cover support garments, such as post-surgical bras and breast forms, that help with healing, balance, and symmetry. But many people don't know about this benefit. You can help your patients understand their rights and maximize their chances of securing coverage.

Are my patients covered?

Coverage for bras, breast prostheses, and compression garments (if needed for lymphedema) is available for insured patients who have had surgery related to breast cancer treatment or prevention. This includes:

- Lumpectomy
- Mastectomy (one or both breasts)
- Reconstruction, including immediate (done at the time of cancer surgery) or delayed (performed at a later time)
- Explant surgery to remove implant reconstruction, or flat closure, a surgery done to achieve a smooth, flat chest

Health insurance coverage is required under the Women's Health and Cancer Rights Act (1998) and the Lymphedema Treatment Act (2024), as long as a patient has a prescription from a healthcare provider. Patients who have not had a full mastectomy still qualify, because they may want a bra that can hold a prosthesis or shaper to restore balance and symmetry.

What does insurance typically cover?

Although plans differ, many cover one or two post-surgery camisoles or bras designed for comfort and extra support while healing. The prescription can't be filled until after the operation.

Plans typically follow Medicare's guidelines, which also provide lifetime coverage for:

- Two to four mastectomy bras every 6-12 months
- Foam or fabric breast form every 6 months
- Silicone breast prosthesis every 2 years
- Nipple prostheses a few times per year
- Compression bras, sleeves, or gloves when needed for lymphedema: three daytime garments every 6 months, two nighttime garments every 2 years

Many plans have a co-pay and require members to meet a yearly deductible first. Some only cover pocketed bras used to hold a prosthesis, and they may not cover custom-made breast prostheses, which are the most expensive.

What should I include in the prescription?



The prescription required for insurance reimbursement should include:

- **Patient's name and date of birth**
- **Diagnosis code**, such as C50.911 (breast cancer, right breast) or Z90.10 (acquired absence of breast and nipple)
- **Billable codes for each item prescribed**, e.g., L8000 for a pocketed mastectomy bra, L8030 for a silicone breast prosthesis, A6758 for a gradient compression arm sleeve, etc.
- **Physician's signature and NPI number**

Prescriptions are usually valid for up to 6 months. Your patient will need a prescription from your office every time they order a new item.

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What other information can I give my patients?

Other ways to help:

- Create a list of certified mastectomy fitters or boutiques in your area, or suggest that patients search online for “where to buy mastectomy bras in [your city].”
- Create a list of durable medical equipment (DME) providers with a trained fitter for patients seeking lymphedema garments. Advise patients to check with their breast surgeon to verify which compression garments are recommended.
- Encourage patients to understand their health plan benefits. They can research their coverage online and/or call member services. Many plans limit members to a network of approved mastectomy fitters and DME providers.

Let your patients know they have the right to feel comfortable and find garments that fit their personal preferences and lifestyle.

Patients are likely to pay some out-of-pocket costs. Plus, time is required for fittings. The costs and time could be barriers in certain situations. Some also might not like the feeling of wearing a prosthesis, or they might not care about looking balanced or having the appearance of breasts. This is a highly personal decision for each patient.

More helpful tips

If your patient doesn't use a mastectomy fitter (whether due to preference or lack of local access), it is possible to shop for products online and submit an insurance claim using the itemized receipt and a doctor's prescription.

If your patient has a health savings account or a flexible spending account (HSA/FSA), it can be used to purchase post-surgical garments. Anaono.com and some sellers on Amazon offer this option. Patients can also check with mastectomy shops or DME providers in their area.



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