

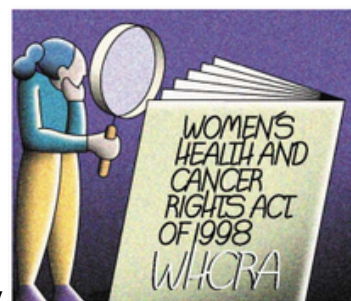
Quick Guide to Insurance Coverage for Items to Manage Side Effects & Reconstruction

During the course of cancer treatment, you may find that you need items that help address side effects from treatment, such as hair loss and lymphedema. Lymphedema is the build-up of fluid in soft body tissues when your lymph system is damaged or blocked. Some cancer-related surgeries may cause damage to your lymph system and lead to lymphedema.

You may also decide that you want reconstructive surgery and/or prostheses after cancer-related surgery. This Quick Guide covers some common items needed after a cancer diagnosis and whether or not those items are covered by different types of insurance.

Wigs

- Some private insurance plans (e.g., individual or employer-sponsored plans) cover wigs for medically induced hair loss under the classification of “durable medical goods.” Tip: get a prescription for a “cranial prosthesis.” Note: some insurance companies specifically list wigs as an excluded benefit. If your plan does cover the wig, you will likely still be responsible for out-of-pocket costs (i.e., a co-pay or co-insurance amount). Check your plan’s summary of benefits and coverage for details.
- Medicare Part B does not cover wigs for hair loss due to cancer treatment.
- Medicaid does not cover wigs in any state.
- TRICARE and VA Health both cover one wig per the lifetime of a beneficiary, for hair loss that occurs due to cancer treatment. Note: this does not include wig supplies or maintenance (e.g., wig cap, comb, glue).



Mastectomy Bras & Breast Prostheses

- Individual and employer-sponsored private insurance plans must cover mastectomy bras and external breast prostheses under the classification of “durable medical equipment,” if covered by the Women’s Health and Cancer Rights Act of 1998 (WHCRA).
 - WHCRA is a federal law that protects patients who have a mastectomy (or lumpectomy), by requiring private insurance plans that covered the mastectomy to also cover:
 - All stages of reconstruction of the breast on which the mastectomy has been performed
 - Surgery and reconstruction of the other breast to develop a symmetrical appearance
 - Prostheses and treatment of physical complications of all stages of the mastectomy, including lymphedema
 - For more information about WHCRA: dol.gov/sites/dolgov/files/ebsa/about-ebsa/ouractivities/resource-center/publications/your-rights-after-a-mastectomy.pdf
- Medicaid coverage of mastectomy bras and breast prostheses varies by state. Contact your state Medicaid program for details: TriageCancer.org/StateResources.
- Medicare Part B covers mastectomy bras and external breast prostheses under the classification of “durable medical equipment.”
- TRICARE covers two initial mastectomy bras and two replacement bras per calendar year. Breast prostheses are limited to the first initial prosthesis or set of prostheses. Replacements are subject to medical review.
- VA Health covers external breast prostheses and bras following a mastectomy as medical supply items.
 - A maximum of seven surgical bras are covered on an annual basis.
 - One replacement external silicone breast prosthesis is covered every 24 months.

Breast Reconstruction

- Individual and employer-sponsored private insurance plans must cover all stages of reconstruction of the breast on which a mastectomy has been performed and surgery and reconstruction of the other breast to develop a symmetrical appearance. See WHCRA above.
- Medicare Part A covers surgically implanted breast prostheses following a mastectomy if the surgery is in an inpatient setting. Part B covers the surgery in an outpatient setting.
- Medicaid coverage of breast reconstruction surgery varies by state. Contact your state Medicaid program for details: TriageCancer.org/StateResources.
- Both TRICARE and VA Health plans cover breast reconstruction surgery after a mastectomy, due to a breast cancer diagnosis.

Lymphedema Compression Garments

- Some private insurance plans cover lymphedema compression garments for cancer patients.
 - These state laws require that private insurance plans either directly or indirectly provide coverage for lymphedema compression garments and supplies:
 - Maryland and Virginia require that health plans subject to state regulation cover lymphedema treatment, including compression garments.
 - California, Massachusetts, and North Carolina require that health insurers pay some of the costs of compression garments
- Medicare Part B covers gradient compression garments if you've been diagnosed with lymphedema and your doctor prescribes them.
- 47 states and the District of Columbia fully or partially cover compression supplies under Medicaid.
 - For details: lymphedematreatmentact.org/wp-content/uploads/2022/07/Federal-and-MedicaidLymphedema-Compression-Coverage-List.pdf
 - Contact your state Medicaid program for more information: TriageCancer.org/StateResources.
- TRICARE covers medical supplies and dressings necessary for a medical condition, including lymphedema compression garments.
- VA Health covers compression garments under orthotic devices.

Manual Lymphatic Drainage

- Manual lymphatic drainage coverage varies by private insurance plan, so it is important to check the specific details of your coverage.
- Medicare does cover manual lymphatic drainage for lymphedema.
- Medicaid in most states covers medically necessary treatments performed by a licensed massage therapist, but coverage varies. Contact your state Medicaid program for details: TriageCancer.org/StateResources.
- TRICARE and VA Health do not specifically cover manual lymphatic drainage. However, some VA programs have a lymphedema management program for veterans.



Visit CancerFinances.org for financial assistance resources, to help cover the costs of these items. For more information about health insurance coverage, visit: TriageCancer.org/HealthInsurance.