Connecticut Department of Social Services
Medical Assistance Program **Provider Bulletin 2025-53**
www.ctdssmap.com **October 2025**

TO: Physicians, Advanced Registered Nurses, Physician Assistants, Hospitals, Medical Equipment Devices and Supplies (MEDS) Providers
RE: Coverage of Custom Breast Prosthesis

The purpose of this provider bulletin is to remind enrolled CT Medical Assistance Program (CMAP) providers that custom breast prostheses are covered when medically necessary for HUSKY Health members.

A custom breast prosthesis billed by a CMAP enrolled Orthotic and Prosthetic (O&P) provider under procedure code L8035 is covered **without** prior authorization.

Code	Description	Rate
L8035	Custom breast prosthesis post mastectomy molded to patient model	$2615.79

Quantity limitations are set at two per date of service for procedure code L8035. Prior authorization (PA) is not required for additional quantities greater than two, however, medical necessity must be documented. The O & P provider must maintain documentation on file. Modifiers RT (right side) or LT (left side) are required on each claim. The additional quantities must be billed on a different date of service.

DSS MEDS Fee Schedule

Providers may reference the DSS Orthotic and Prosthetic fee schedule to determine reimbursement, prior authorization, and quantity information. The fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance Program (CMAP) Web site at www.ctdssmap.com. From this web page, go to "Provider", then to "Provider Fee Schedule Download", scroll to the bottom of the page and click on "I Accept", then select the applicable fee schedule. To access the CSV file, press the control key while clicking the CSV link, then select "Open".
For questions about billing or if further assistance is needed to access the fee schedule on the Connecticut Medical Assistance Program Web site, please contact the Provider Assistance Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440.