

Bulletin Number: MSA 14-60

Distribution: Durable Medical Equipment (DME) Providers, Physicians, Hospitals, Medicaid Health Plans (MHP)

Issued: December 1, 2014

Subject: Expansion of Breast Pump Policy

Effective: January 1, 2015

Programs Affected: Medicaid, Children's Special Health Care Services (CSHCS), Maternal Outpatient Medical Services (MOMS)

The coverage conditions and requirements for breast pumps are being expanded to address identified health issues of mothers and infants who are impacted by breastfeeding. The purpose of these policy changes is to facilitate breastfeeding practices with the goal of optimizing maternal and infant health.

For beneficiaries enrolled in a Medicaid Health Plan (MHP), the provider must check with the beneficiary's MHP for coverage, clinical evaluation and Prior Authorization (PA) requirements.

Additions to Hospital-Grade Electric Breast Pump Standards of Coverage (HCPCS E0604)

Standards of Coverage:

The following criteria have been added to the standards of coverage for hospital-grade electric breast pumps:

- The infant or mother is hospitalized resulting in a physical separation of the mother and infant.
- The pump must have an adjustable suction pressure at the breast shield during use between 30 mm Hg and mm Hg up to 250 mm Hg. A suction range just at the low or high end is not acceptable.
- The pump must have a mechanism to prevent suction beyond 250 mm Hg to prevent nipple trauma.
- The pump must have an adjustable/varying pumping speed no less than 30 cycles per minute but capable of reaching up to a maximum of 60 cycles per minute.
- The pump must be able to operate on a 110-volt household current and be UL listed.
- The pump must not weigh over 12 pounds.

Medicaid only covers hospital-grade electric breast pumps that have been registered and cleared by the Food and Drug Administration (FDA).

Documentation Requirements:

The following have been added to the documentation requirements for hospital-grade electric breast pumps:

- An order signed by the treating Physician or non-physician practitioner.
- The most recently used International Classification of Diseases (currently ICD-9) diagnosis code(s) related to birth or pregnancy.
- Documentation of the mother's intent to breastfeed.

Documentation must be kept in the beneficiary file and made available upon request.

Payment Rules:

The following has been added to the payment rules for hospital grade electric breast pumps:

- Education for the proper use, care of the equipment and storage of breast milk.

Rental of the hospital-grade electric breast pump (E0604) will not be made if a personal use double electric breast pump (E0603) or a manual breast pump (E0602) has been purchased for the beneficiary. Prior authorization is required for circumstances beyond the standards of coverage and payment rules.

Personal Use Electric Breast Pumps (HCPCS E0603)

Definition:

A personal use electric breast pump is defined as a double electric (AC and/or DC) pump, intended for a single user and is capable of being used frequently on a daily basis.

Standards of Coverage:

A double electric breast pump for personal use may be covered once per 5 years for a beneficiary when all of the following criteria have been met:

- The mother expresses the desire to breastfeed.
- The pump has been registered and cleared by the FDA.
- The pump has a minimum of a one-year manufacturer's warranty.
- The pump must have an adjustable suction pressure at the breast shield during use between 30 mm Hg and mm Hg up to 250 mm Hg. A suction range just at the low or high end is not acceptable.
- The pump must have a mechanism to prevent suction beyond 250 mm Hg to prevent nipple trauma.
- The pump must have an adjustable/varying pumping speed no less than 30 cycles per minute but capable of reaching up to a maximum of 60 cycles per minute.
- The pump must be able to operate on a 110-volt household current and be UL listed.
- The pump must not weigh over 12 pounds.
- The pump collection bottle must be bisphenol-A (BPA) and DHEP-free.
- The pump must have a mechanism to prevent suction beyond 250 mm Hg to prevent nipple trauma.

Documentation:

Documentation must be less than 30 days old and include all of the following:

- An order signed by the treating Physician or non-physician practitioner.
- The most recently used International Classification of Diseases (currently ICD-9) diagnosis code(s) related to birth or pregnancy.
- Infant's age (gestational age, if premature).
- Mother's hospital discharge date or infant's hospital discharge date.
- Documentation of the mother's intent to breastfeed.

Documentation must be kept in the beneficiary file and made available upon request.

Prior Authorization Requirements:

Prior authorization is not required when the standards of coverage are met.

Payment Rules:

All personal use double electric breast pumps are purchase only. Payment includes the following:

- Education for the proper use, care of the equipment and storage of breast milk.
- Supplies necessary for operation of the pump (pump, adapter/charger, breast shields, bottles, lids, tubing, locking ring, connectors, valves, filters and membranes).

The pump may be billed using the infant's Medicaid ID number if the need for the pump meets the standards of coverage and the mother loses Medicaid eligibility. Medicaid will not purchase a personal use double electric breast pump (E0603) during the rental period of a hospital-grade electric breast pump (E0604) or if a manual breast pump (E0602) has been purchased. Prior authorization is required for circumstances beyond the standards of coverage and payment rules.

The following replacement parts are covered for electric breast pumps: A4281, A4282, A4283, A4284, A4285 and A4286. The warranty of the pump must be expired before billing for items included in the warranty. Refer to the Medical Supplier database for procedure code descriptions, coverage limitations, and reimbursement.

Manual Breast Pump (HCPCS E0602)

Definition:

A manual breast pump typically consists of a single breast shield, a collection device and a hand controlled lever to create suction and express milk. Manual breast pumps are intended for a single user.

Standards of Coverage:

A manual breast pump may be covered once per birth. For a beneficiary that has had a multiple birth delivery, only one pump may be provided. All of the following criteria must be met:

- The mother expresses the desire to breastfeed,
- The pump has been registered with the FDA,
- The pump has a minimum of a one year manufacturer's warranty,
- The pump must have a mechanism to prevent suction beyond 250 mm Hg to prevent nipple trauma, and
- The pump collection bottle must be bisphenol-A (BPA) and DHEP-free.

Documentation:

Documentation must be less than 30 days old and include all of the following:

- An order signed by the treating Physician or non-physician practitioner,
- The most recently used International Classification of Diseases (currently ICD-9) diagnosis code(s) related to birth or pregnancy,
- Infant's age (gestational age, if premature),
- Mother's hospital discharge date or infant's hospital discharge date, and
- Documentation of the mother's intent to breastfeed.

Documentation must be kept in the beneficiary file and made available upon request.

Prior Authorization Requirements:

Prior Authorization is not required when the standards of coverage are met.

Payment Rules:

All manual breast pumps are purchase only. Payment includes:

- Education for the proper use, care of the equipment and storage of breast milk.
- Supplies necessary for operation of the pump (pump, breast shields, bottles, lids, tubing, locking ring, connectors, valves, filters and membranes).

The pump may be billed using the infant's Medicaid ID number if the need for the pump meets the standards of coverage and the mother loses Medicaid eligibility. Medicaid will not purchase a manual breast pump (E0602) during the rental period of a hospital-grade electric breast pump (E0604) or if a personal use double electric breast pump (E0603) has been purchased. Prior authorization is required for circumstances beyond the standards of coverage and payment rules. The following replacement parts are covered for manual breast pumps: A4281, A4283, A4284, A4285 and A4286. The warranty on the pump must be expired before billing for items included in the warranty. Refer to the Medical Supplier database for procedure code descriptions, coverage limitations, and reimbursement.

Non-covered Breastfeeding Items

The following items are not covered:

- Personal use single electric breast pumps
- Breastfeeding pillows
- Breastfeeding comfort items and clothing
- Accessories not necessary for the operation of the breast pump

Manual Maintenance

Retain this bulletin until the information is incorporated into the Michigan Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved



Stephen Fitton, Director
Medical Services Administration