

PROVIDER BULLETIN NO. 10-55

October 14, 2010

TO: Medicaid DME Providers

FROM: Vivianne M. Chaumont, Director 
Division of Medicaid & Long-Term Care

BY: Mike Laughlin, DME Program Specialist

RE: **BREAST PUMP POLICY UPDATE**

Please share this information with management, sales, dispensing and billing staff

Medicaid will post updates/clarifications to the July 2010 DME Fee Schedule as needed throughout the year reflecting CMS code changes, pricing or unit changes, corrections, clarifications, etc. The fee schedule that is in effect is posted on the DHHS website. Providers are responsible for checking the latest provider bulletins and fee schedules before dispensing items or submitting claims. Sign up to automatically receive provider information by clicking on "Subscribe to this page" at: <http://www.dhhs.ne.gov/med/provhome.htm>

CHANGES/CLARIFICATIONS HIGHLIGHTS

This Provider Bulletin is to clarify medical necessity for coverage of rental of breast pumps.

Effective December 1, 2010, Nebraska Medicaid will rent hospital grade only breast pumps (E0604 KR and E0604 RR) on a short or long term basis due to one or more of the medical conditions listed below. The DME provider must obtain the physician's order, including the diagnosis and length of time breast pump rental is necessary. The DME provider must attach the physician's order to claim and submit it for reimbursement. For claims submitted electronically, the physician's order may be submitted as an electronic claim attachment. If the DME provider is billing Medicaid monthly, a photocopy of the original physician's order is allowed to be submitted for rentals beyond first month.

SHORT TERM RENTAL (up to 2 months)

1. Infant/neonate with abnormal weight loss
2. Hyperbilirubinemia
3. Inadequate milk supply
4. Mastitis
5. Acutely ill infant
6. Infant food allergy (to maintain milk supply for a limited period until off the offending foods)
7. Medical condition of mother that precludes feeding infant at breast (examples include, but not limited to: mom on radioactive compound or other medication short term)

8. Maternal post partum complications (examples but not limited to: excessive fluids during delivery, maternal blood loss, D&C)

LONG TERM RENTAL (up to 6 months, with one additional 6 month period if medically necessary)

1. Congenital abnormality of the infant (examples, but not limited to: cleft lip/palate, Down syndrome, other syndrome with poor suck/swallow, abnormal anatomy, congenital heart disease)
2. Neurologic abnormality of the infant (examples, but not limited to: low tone, poor suck/swallow reflex)
3. Prematurity (less than 37 weeks gestation)
4. Latch difficulties

Medicaid will continue to pay claims for the breast pump kit with the first month's rental, or in situations in which the client has access to the breast pump, and only is in need of the kit. The kit is to be submitted only under A9900 – "Misc DME supply, accessory, and/or service component of another HCPCS code". Submission of the breast pump kit under other HCPCS codes will be denied.

For questions about this provider bulletin please email:

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