

PROVIDER BULLETIN

No. 13-45

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TO: Medicaid Providers of DME Services

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

BY: Kim Beedle, DME Program Specialist

RE: Breast Pump Policy Update

Please share this information with administration, sales, dispensing and billing staff.

This Provider Bulletin is to update Provider Bulletin 10-55.

Effective immediately, providers requesting Medicaid payment for breast pumps are no longer required to submit a physician order as supporting documentation with a claim.

Providers should continue to maintain federally and state required documentation in the client's file and make it available to the Department or its designee upon request for audit purposes.

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.

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

Medicaid will 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 regarding this bulletin, please contact Kim Beedle at dhhs.dme@nebraska.gov or 402-471-9381.