

## Medicaid Issues in Wisconsin Durable Medical Equipment: Breast Pumps Demonstrating Medical Necessity

Breast pumps are considered medically necessary and covered when all five clinical guidelines listed below are met:



A physician ordered or recommended breast milk for the infant.

The potential exists for adequate milk production.

The member plans to breast feed long term.

The member is capable of being trained to use the breast pump.

The mother and infant will not be physically separated and are not experiencing difficulties with "latch on" due to physical, emotional, or developmental problems of the mother or infant.

Providers must indicate the type of breast pump ordered by checking only <u>one</u> of the following on the breast pump form:

- Manual breast pump (E0602)\*
- Electric breast pump: Electric AC and/or DC (E0603)\*
- Breast Pump: Heavy duty, hospital grade, piston operated, pulsatile vacuum suction/release cycles, vacuum regulator, supplies transformer, electric AC and/or DC (E0604)\*\*

\*Item can only be purchased; no rental allowed. \*\*Only rental allowed. Item cannot be purchased.

## **Common Issues**

- Hospital grade pumps are issued to members when a basic pump would meet members' needs.
- More than one breast pump type is checked on an order form.

## How should providers demonstrate medical necessity for breast pumps?

Form <u>F-01153</u> (Breast Pump Order form) was created by the Department of Health Services (DHS) to assist providers. Providers are encouraged to use this form. Providers can create their own forms but all forms must show all five medical necessity conditions and pump types.

## **Prior Authorization (PA) Reminders**

- Hospital grade breast pumps (E0604) can only be rented. A PA is needed if the rental period is longer than 60 days. Providers must remember to show that the medical necessity conditions make the hospital grade breast pump appropriate.
- A PA is required for billing either a manual breast pump (E0602) or an electric breast pump (E0603) in any of these situations:
  - More than one breast pump is needed per lifetime.
  - The breast pump is provided in an off-campus outpatient hospital (place of service code 19), a nursing facility (place of service code 32), a skilled nursing facility (place of service code 31), or a facility for the developmentally disabled (place of service code 54).



WISCONSIN DEPARTMENT of HEALTH SERVICES P-02974 (04/2021)