

To:  
County or Tribal  
Human or Social  
Services  
Departments  
Family Planning  
Clinics  
Federally Qualified  
Health Centers  
HealthCheck  
Providers  
Home Health  
Agencies  
Individual Medical  
Supply Providers  
Local Health  
Agencies  
Medical Equipment  
Vendors  
Nurse  
Practitioners  
Outpatient  
Hospitals  
Pharmacies  
Physician  
Assistants  
Physician Clinics  
Physicians  
Prenatal Care  
Coordination  
Providers  
Rural Health  
Clinics  
W-2 Agencies  
HMOs and Other  
Managed Care  
Programs

## Revised policy requirements and procedure codes for breast pumps

Effective October 1, 2002, providers are required to use the HCFA Common Procedure Coding System (HCPCS) codes listed in this *Wisconsin Medicaid and BadgerCare Update* when submitting claims for breast pumps. In addition, Wisconsin Medicaid is revising its requirements for the coverage of electric breast pumps and reminding providers to use the modifier when submitting a claim for the initial rental of a breast pump.

### Breast pump code changes and descriptions

Effective for dates of service (DOS) on and after October 1, 2002, Wisconsin Medicaid is adopting HCFA Common Procedure Coding System codes with code descriptions for breast pumps as follows:

#### *For purchase*

- E0602 — Breast pump, manual, any type.
  - ✓ Covers any manual pump including pedal powered.
- E0603 — Breast pump, electric (AC and/or DC), any type.  
Under procedure code E0603, Wisconsin Medicaid now requires that electric breast pumps meet the following specifications:

- ✓ The pump must utilize suction and rhythm equivalent to the hospital-grade breast pump. This means it must have an adjustable suction pressure between 100 mm Hg and 250 mm Hg and a mechanism to prevent suction beyond 250 mm Hg.
- ✓ The pump must have an adjustable pumping speed capable of reaching 60 cycles per minute.

*Note:* Breast pumps that do not meet these standards are not covered by Wisconsin Medicaid.

#### *For rental*

- E0604 — Breast pump, heavy duty, hospital grade, piston operated, pulsatile vacuum suction/release cycles, vacuum regulator, supplies, transformer, electric (AC and/or DC).

Refer to Attachment 1 of this *Wisconsin Medicaid and BadgerCare Update* for breast pump descriptions and coverage limitations. Refer to Attachment 2 for a review of Medicaid breast pump coverage policy.

### *Discontinued codes*

The following local codes will no longer be accepted by Wisconsin Medicaid for breast pumps for DOS on and after October 1, 2002.

- W6819 — Breast pump-powered/electric, portable with intermittent suction, including single or double pumping kit.
- W6820 — Breast pump-electric, hospital grade, including single or double pumping kit.
- W6821 — Breast pump-manual or pedal powered with single or double pumping kit.

### **Prior authorizations**

For current prior authorizations (PAs) approved under the old procedure codes, with expiration dates on and after October 1, 2002, providers must continue to submit claims using the procedure codes on the approved PA.

Prior authorization is required if rental of a breast pump (E0604) exceeds 60 days. This 60-day period includes the initial 30-day rental (E0604, modifier “KH”). This is the only situation that requires PA.

### **Revised Breast Pump Order form**

Refer to Attachment 3 for the revised Breast Pump Order form. This form replaces the form sent with the January 2001 *Update* (2001-02), titled “Revision of breast pump coverage.” Wisconsin Medicaid recommends providers use the revised form; however, the use of this form is voluntary and providers may develop their own form as long as it includes all the information on the attached form. The form is to be completed by the physician, given to the provider of the breast pump, and kept in the recipient’s medical file as required under HFS 106.02(9), Wis. Admin. Code.

### **Obtaining copies of the revised Breast Pump Order form**

The following options are available to providers for obtaining the revised Breast Pump Order form:

- Photocopy the form in the attachment.
- Refer to the Medicaid Web site at [www.dhfs.state.wi.us/medicaid/](http://www.dhfs.state.wi.us/medicaid/) to print a Portable Document Format (PDF) copy or to obtain a copy that providers may complete electronically. (Refer to the section below for more information on obtaining a fillable PDF version.)
- Create a template on a computer that includes the same information as the form included with this *Update*.

### *Electronic version of Breast Pump Order form*

Providers may obtain a fillable PDF version of the Breast Pump Order form from the Medicaid Web site. The fillable PDF version allows providers to complete the form on their computer using Adobe Acrobat Reader® and then print it\*. To obtain the fillable version, follow these steps:

- Go to the Medicaid Web site at [www.dhfs.state.wi.us/medicaid/](http://www.dhfs.state.wi.us/medicaid/).
- Click on “Providers” located in upper right-hand corner.
- Under “Provider publications and forms,” click on the “By Date” link under “Provider Updates.” Select this *Update* (2002-55) by choosing “2002” under “Search for Updates by Year” then click “Go” and find *Update* 2002-55. Providers may also find it under “Publications listed by provider type.”
- Select the Attachment within the text of the *Update* and save it to your computer.
- Click on the light gray boxes with the hand tool to enter information in each field. Press the “Tab” key to move from one field to the next.

## **Information regarding Medicaid HMOs**

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

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\*The Medicaid Web site provides instructions on how to obtain Adobe Acrobat Reader® at no charge from the Adobe® Web site. Adobe Acrobat Reader® does not allow users to save completed fillable PDFs to their computer. Refer to the Adobe® Web site for more information on fillable PDFs.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at [www.dhfs.state.wi.us/medicaid/](http://www.dhfs.state.wi.us/medicaid/).

# ATTACHMENT 1

## Wisconsin Medicaid breast pump procedure codes

Procedure code	Type of service	Description	Allowable provider types**	Place of service	Max fee	Effective date	Prior authorization requirement	Life expectancy	NH reimb	Copay
E0602	P (Purchase)	Breast pump, manual, any type	24, 26, 44, 54, 58	3 —doctor's office 4 —home	\$55	10/01/02	Initial purchase does not require prior authorization (PA).	1 per lifetime	***	**** \$3.00
E0603	P (Purchase)	Breast pump, electric (AC and/or DC), any type*	24, 26, 44, 54, 58	3 —doctor's office 4 —home	\$155	10/01/02	Initial purchase does not require PA.	1 per lifetime without PA	***	**** \$3.00
E0604-KH (Use KH modifier for starter kit)	R (Rental — first 30 days only)	Breast pump, heavy duty, hospital grade, piston operated, pulsatile vacuum suction/release cycles, vacuum regulator, supplies, transformer, electric (AC and/or DC)	24, 26, 44, 54, 58	3 —doctor's office 4 —home	\$3.06/ day	10/01/02	Initial rental does not require PA.	N/A	***	\$0.00
E0604	R (Rental — ongoing after 30 days)	Breast pump, heavy duty, hospital grade, piston operated, pulsatile vacuum suction/release cycles, vacuum regulator, supplies, transformer, electric (AC and/or DC)	24, 26, 44, 54, 58	3 —doctor's office 4 —home	\$2.06/ day	10/01/02	Required after 60-day rental, includes the initial 30-day rental billed with the "KH" modifier.	N/A	***	\$0.00

\*Under this procedure code, Wisconsin Medicaid requires the following specifications. This portable breast pump utilizes suction and rhythm equivalent to the electric or hospital-grade breast pump with an adjustable suction pressure between 100 mm Hg and 250 mm Hg and a mechanism to prevent suction beyond 250 mm Hg. The pump must have an adjustable pumping speed capable of reaching 60 cycles per minute.

\*\*24 — federally qualified health centers, 26 — pharmacies, 44 — home health agencies, 54 — medical equipment vendors, 58 — individual medical suppliers.

\*\*\*Item may not be submitted separately for nursing home recipients.

\*\*\*\*Copay is not applicable to home health agencies for procedure codes E0602 and E0603.

# ATTACHMENT 2

## Wisconsin Medicaid breast pump coverage policy

The following is Wisconsin Medicaid policy regarding breast pumps as of October 1, 2002:

### **Reimbursement for breast pumps**

Wisconsin Medicaid's maximum allowable fees include starter/accessory kits for all breast pumps. This includes single or double pumping kits. These kits are dispensed at the time the recipient is given the initial breast pump and cannot be reused by another individual.

#### *Rental (type of service "R")*

For the rental of a breast pump, Wisconsin Medicaid allows a higher per day reimbursement rate during the initial 30-day rental period for the costs associated with providing a new starter/accessory kit.

To obtain reimbursement for the new starter/accessory kit, providers are reminded to use modifier "KH" with procedure code E0604 for the initial 30-day rental period. Providers using the "KH" modifier will receive a total reimbursement rate of \$3.06 per day during the initial 30-day rental period to cover costs for the initial starter/accessory kit as well as the breast pump rental.

Modifier "KH" may only be used with procedure code E0604 for the initial 30-day rental period. Claims with the "KH" modifier beyond the initial 30-day rental period for procedure code E0604 are denied.

#### *Purchase (type of service "P")*

Maximum fees have increased for procedure code E0603. This increase in the maximum fee will cover breast pumps meeting the revised specifications for procedure code E0603. Wisconsin Medicaid now requires the following specifications for breast pumps under procedure code E0603:

- The pump must utilize suction and rhythm equivalent to the hospital-grade breast pump. This means it must have an adjustable suction pressure between 100 mm Hg and 250 mm Hg and a mechanism to prevent suction beyond 250 mm Hg.
- The pump must have an adjustable pumping speed capable of reaching 60 cycles per minute.

### **Clinical guidelines**

Wisconsin Medicaid covers breast pumps according to the criteria listed below. *All* of the following criteria must be met:

- The recipient recently delivered a baby and a physician has ordered or recommended mother's breastmilk for the infant.
- Documentation indicates there is the potential for adequate milk production.
- Documentation indicates there is a long-term need for and planned use of the breast pump to obtain a milk supply for the infant.

- The recipient is capable of being trained to use the breast pump as indicated by the physician or provider.
- Current or expected physical separation of mother and infant (e.g., illness, hospitalization, work) would make breastfeeding difficult or there is difficulty with “latch on” due to physical, emotional, or developmental problems of the mother or infant.

The provider who supplies the breast pump equipment is required to obtain and maintain on file the physician’s orders documenting the clinical requirements of the individual’s need for a breast pump.

The following Medicaid-certified provider types can be reimbursed for breast pumps:

- Federally qualified health centers.
- Home health agencies.
- Individual medical suppliers.
- Medical equipment vendors.
- Pharmacies.

### **Deposit fees and delivery charges prohibited**

Providers are prohibited from charging Medicaid recipients a deposit fee, delivery charge, or any amount other than copayment for durable medical equipment, including breast pumps.

Wisconsin Medicaid’s maximum fees must be accepted as payment in full for products or services provided. Attachment 1 of this *Wisconsin Medicaid and BadgerCare Update* lists copayment amounts. For more information, refer to the Provider Rights and Responsibilities section of the All-Provider Handbook.

# ATTACHMENT 3

## Breast Pump Order

(A copy of the Breast Pump Order form is located on the following page.)

**WISCONSIN MEDICAID  
BREAST PUMP ORDER**

Wisconsin Medicaid requires information to enable Medicaid to authorize and pay for medical services provided to eligible recipients.

Recipients are required to give providers full, correct, and truthful information for the submission of correct and complete claims for Medicaid reimbursement. This information shall include, but is not limited to, information concerning eligibility status, accurate name, address, and Medicaid identification number (HFS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about Medicaid applicants and recipients is confidential and is used for purposes directly related to Medicaid administration such as determining eligibility of the applicant or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of Medicaid payment for the services.

**INSTRUCTIONS:** The form is to be completed by the physician, given to the provider of the breast pump, and kept in the recipient's medical file as required under HFS 106.02(9), Wis. Admin. Code. The use of this form is voluntary and providers may develop their own form as long as it includes all the information on this form.

		1. Date of Order
2. Name — Recipient (Mother)	3. Address — Recipient	
4. Date of Birth — Infant	5. Recipient's Medicaid Identification Number	

**6. Clinical Guidelines**

All of the following must apply as a condition for Medicaid coverage. By checking the boxes, the physician verifies that all conditions are met.

- a. Physician ordered or recommended breast milk for infant.
- b. Potential exists for adequate milk production.
- c. Recipient plans to breast-feed long term.
- d. Recipient is capable of being trained to use the breast pump.
- e. Current or expected physical separation of mother and infant (e.g., illness, hospitalization, work) would make breast-feeding difficult or there is difficulty with "latch on" due to physical, emotional, or developmental problems of the mother or infant.

**7. Type of Pump**

Physician orders or recommends the following breast pump:

- a. Breast pump, manual, any type.
- b. Breast pump, electric (AC and/or DC), any type.
- c. Breast pump, heavy duty, hospital grade, piston operated, pulsatile vacuum suction/release cycles, vacuum regulator, supplies transformer, electric (AC and/or DC).

8. Name — Physician (Type or Print)	9. Address — Physician	
10. SIGNATURE — Physician		11. Date Signed