

ForwardHealth **UPDATE**

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EXPANDED BREAST PUMP COVERAGE

Effective for dates of service on and after October 1, 2024, ForwardHealth expanded its coverage of breast pumps. Providers may prescribe breast pumps any time after the beginning of a member's third trimester of pregnancy.

Any members who intend to breastfeed may receive a breast pump if they:

- Are in the third trimester of pregnancy or have given birth.
- Indicated they intend to feed or are currently feeding their infant human milk.
- Are capable of being trained to use the breast pump, as indicated by the provider.

Breast Pump Coverage

Any providers who are acting within the scope of their practice may prescribe breast pumps.

AFFECTED PROGRAMS

BadgerCare Plus, Medicaid

TO

Chiropractors, Home Health Agencies, Family Planning Clinics, Individual Medical Supply Providers, Licensed Midwives, Medical Equipment Vendors, Nurse Practitioners, Personal Care Agencies, Pharmacies, Pharmacists, Physician Assistants, Physician Clinics, Physicians, Prenatal Care Coordination Providers, Special Supplemental Nutrition Program for Women, Infants and Children (WIC) Agencies, HMOs and Other Managed Care Programs

The information provided in this ForwardHealth Update is published in accordance with Wis. Admin. Code § DHS 106.02(9).

ForwardHealth reimburses prescriptions for breast pumps as part of an evaluation and management office visit. Members can then get their prescribed breast pumps dispensed from a Medicaid-enrolled, durable medical equipment (DME) vendor. ForwardHealth does not reimburse the **dispensing** DME vendors or pharmacies for supplying breast pumps unless they are **also** enrolled under a DME contract.

ForwardHealth reimburses for the purchase of one breast pump per year of breastfeeding and reimburses for two types of breast pumps indicated by Healthcare Common Procedure Coding System (HCPCS) procedure codes:

- E0602 (Breast pump, manual, any type)
- E0603 (Breast pump, electric [AC and/or DC], any type)

After three pumps have been dispensed to a member, prior authorization (PA) requests are required and reviewed on a case-by-case basis. Rental pumps do not count toward this limit of three pumps.

Rental pumps, under HCPCS procedure code E0604 (Breast pump, hospital grade, electric [AC and/or DC], any type), may be rented for a maximum of 30 days in cases of medical necessity. The provider must obtain PA to continue the rental longer than 30 days.

As stated in ForwardHealth Online Handbook Breast Pumps #[1843](#), PA is also required if the breast pump is dispensed in a skilled nursing facility, rehabilitation center, or intermediate care facility.

Breast Pump Form Revised

ForwardHealth has revised the optional Breast Pump Order form, F-01153 (10/2024), to reflect these criteria changes. This form can be found on the [Forms](#) page of the ForwardHealth Portal. Though the form is optional, providers are encouraged to complete it and give the completed form to the DME vendor who is supplying the pump. If providers choose to use their own documentation instead of completing the Breast Pump Order form, their form must contain the same information that is included in this form.

Documentation Retention

Providers are reminded that they must follow the documentation retention requirements per Wis. Admin. Code § DHS [106.02\(9\)](#). Providers are required to produce or submit documentation, or both, to the Wisconsin Department of Health Services (DHS) upon request. Per Wis. Stat. § [49.45\(3\)\(f\)](#), providers of

QUICK LINKS

- [Maximum allowable fee schedule](#)
- [Forms](#) page
- Breast Pumps topic #[1843](#)

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services shall maintain records as required by DHS for verification of provider claims for reimbursement. DHS may audit such records to verify the actual provision of services and the appropriateness and accuracy of claims. DHS may deny or recoup payment for services that fail to meet these requirements. Refusal to produce documentation may result in denial of submitted claims, recoupment of paid claims, application of intermediate sanctions, or termination from the Medicaid program.

Information Regarding Managed Care Organizations

This Update applies to breast pumps that members receive on a fee-for-service basis and through BadgerCare Plus, Medicaid SSI, and other managed care programs. For information about managed care implementation of the updated policy, contact the appropriate managed care organization (MCO). MCOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

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The ForwardHealth Update is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Medicaid Services within the Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health within DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at www.forwardhealth.wi.gov/.