

To:

Family Planning
Clinics
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W-2 Agencies

Coverage of an additional type of breast pump and revised clinical guidelines

Wisconsin Medicaid has revised the clinical and prior authorization documentation requirements for breast pumps. In addition, Medicaid is now covering a powered/electric portable breast pump.

Clinical guidelines

Effective August 1, 1999, Medicaid will cover breast pumps when **all** of the following criteria are met:

- The recipient recently delivered a baby and a physician has ordered or recommended mother's breast milk for the infant.
- Documentation indicates there is adequate milk production.
- Documentation shows there is a long-term need 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 breast-feeding difficult or there is difficulty with "latch on" due to physical, emotional, or developmental problems of the mother or infant.

Providers are required to obtain and maintain on file the doctor's orders documenting the clinical

requirements of the individual's need for a breast pump.

The following Medicaid-certified provider types can bill for these breast pumps: federally qualified health centers, pharmacies, home health agencies, durable medical equipment vendors, and other medical suppliers.

Additional breast pump

Wisconsin Medicaid is adding a third type of breast pump (procedure code W6819), powered/electric, portable with intermittent suction, including kit. The following specifications apply to this breast pump:

- This is a portable breast pump that utilizes suction and rhythm equivalent to the electric or hospital-grade breast pump. It includes approximately 220-230 mm Hg suction achieved in 1 second, and a 1-second period of time to reach the therapeutic suction level. The suction level and time interval mimic natural infant suckling. This suction and rhythm standard is the minimum requirement for W6819.
- The allowable type of service (TOS) is purchase (P).

Reimbursement criteria for W6819

The following payment criteria apply to the new breast pump:

- The maximum allowable fee is \$90.
- Copayment is \$3.

Prior authorization for W6819

Prior authorization is not required for the initial breast pump; however, all of the clinical guidelines listed on the previous page must be met.

Covered breast pumps

Wisconsin Medicaid continues to cover two other breast pumps, electric (procedure code W6820, TOS rental [R]) and manual (procedure code W6821, TOS P) (see Attachment 1 of this Update).

Prior authorization requirements for all breast pumps

- Prior authorization is not required for an initial purchase of breast pumps W6819 and W6821, although a replacement breast pump requires PA.
- Prior authorization is required for the rental of W6820 beyond 60 days.
- Documentation of the separation criteria or difficulty with “latch on” must be indicated on PA requests for all breast pumps.

The complete guidelines are available upon written request to the following address:

Bureau of Health Care Program Integrity
Division of Health Care Financing
P.O. Box 309
Madison, WI 53701-0309

This Update applies to fee-for-service Medicaid providers only. If you are an HMO network provider, contact your managed care organization for more information about their procedures. Coverage is the same for Medicaid recipients in both fee-for-service and managed care programs.

The Wisconsin Medicaid Update is the first source for provider information including Medicaid policy and billing information.

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

For provider questions, call the Medicaid fiscal agent at (800) 947-9627 or (608) 221-9883 or visit our web site at: www.dhfs.state.wi.us/medicaid.

Attachment 1

Medicaid Breast Pump Guidelines

Procedure Code	TOS (type of service)	Description	Allowable Provider Types	POS (place of service)	PAC (pricing action code)	Max Fee	Effective Date	Prior Authorization Requirement	Bilateral	Life Expect	NH Reimb	Copay
W6819	P (Purchase)	Breast pump-powered/electric including kit (portable with intermittent suction)	24, 26, 44, 54, 58*	3-doctor's office, 4-home	170	\$90	08/01/99	Initial purchase does not require prior authorization	No	1 per lifetime	**	\$3.00
W6820	R (Rental)	Breast pump-electric, including kit (hospital grade)	24, 26, 44, 54, 58*	3-doctor's office, 4-home	170	\$2/day	07/01/98	After 60 days	No		**	\$0.00
W6821	P (Purchase)	Breast pump-manual, including kit	24, 26, 44, 54, 58*	3-doctor's office, 4-home	170	\$20	07/01/98	Initial purchase does not require prior authorization	No	1 per lifetime	**	\$1.00

* 24 - federally qualified health care center, 26 - pharmacy, 44 - home health agency, 54 - durable medical equipment vendor, 58 - other medical supplier.

** Item may not be separately billed for nursing home recipients.