Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219

www.dmas.virginia.gov

MEDICAID MEMO

TO: All Physicians, Nurse Practitioners, Professional Midwives, Health Departments, Rural Health Clinics, Federally Qualified Health Centers, Durable Medical Equipment (DME) providers (In-state and Out-of-state) and Managed Care Organizations (MCOs) Participating in the Virginia Medical Assistance Program

FROM: Cynthia B. Jones, Director
Department of Medical Assistance Services (DMAS)

MEMO: Special

DATE: 12/1/15

SUBJECT: Fee-For-Service Medicaid/FAMIS/FAMIS MOMS: Coverage of Lactation Services - ***Effective January 1, 2016***

The purpose of this memo is to notify providers enrolled with the Department of Medical Assistance Services (DMAS) that coverage of lactation counseling services, as well as breast pumps, for pregnant and postpartum women enrolled in the fee-for-service Medicaid/FAMIS/FAMIS MOMS benefits will be effective January 1, 2016. DMAS recognizes the health benefits of breastfeeding to mothers and infants. Lactation services and breast pumps for women enrolled in Virginia's managed care plans are currently covered and the majority of pregnant members are covered by a managed care plan. This change will align the coverage of lactation services for the fee-for-service and managed care populations.

Medicaid and FAMIS MOMS coverage for pregnant women ends at the end of the month following the 60th day postpartum. If members need lactation services or breastfeeding supports after their Medicaid or FAMIS MOMS benefits end, please refer members to their local Women, Infant and Children (WIC) program for further assistance to determine if they are eligible for WIC services. For more information about WIC, call 1-888-942-3663, visit www.wicva.com, or contact the local health department.

Lactation Counseling Services

Lactation counseling services are evidence-based interventions that provide breastfeeding information and support to women throughout pregnancy, birth, and infancy, and have proven to be effective in increasing initiation, duration, and exclusivity of breastfeeding.

DMAS reimbursable lactation counseling services must be provided by an International Board Certified Lactation Consultant (IBCLC). An IBCLC is trained to work with mothers to prevent and solve breastfeeding problems, and to collaborate with other members of the health care team to provide comprehensive care and encourage a social environment that supports and educates breastfeeding families.

Providers must be enrolled with DMAS as a Physician, Nurse Practitioner, Certified Nurse Midwife, Certified Professional Midwife, Health Department/Clinic, Federally Qualified Health Center (FQHC), or Rural Health Clinic (RHC) as well as be certified as an IBCLC, in order to receive reimbursement for services. Lactation counseling services must be face-to-face, and must be provided in a clinic setting and on an outpatient basis only.

Breast Pumps
DMAS will cover a manual or standard electric breast pump as medically necessary for the initiation or continuation of breastfeeding (up to the child's first birthday).

E0602 - Manual breast pumps - purchase
Manual breast pumps typically consist of a single breast pump shield, a collection device and a hand controlled lever to create suction and express milk. Manual breast pumps are intended for a single user. Payment includes supplies necessary for operation of the pump including pump, breast shields, bottles, lids, tubing, locking ring, connectors, valves, filters and membranes.

- Mother must express the desire to breastfeed;
- The pump must be FDA registered; and
- Pump has a minimum one year manufacturer's warranty.

E0603 - Single user electric breast pumps - purchase
A personal use electric breast pump is designed for mothers who are breastfeeding without problems. A personal use electric breast pump is defined as a double electric (AC and/or DC) pump, intended for a single user and is capable of being used multiple times per day. Payment includes supplies necessary for operation of the pump (pump, adapter/charger, breast shields, bottles, lids, tubing, locking ring, connectors, valves, filters and membranes).

- Mother must express the desire to breastfeed;
- The pump must be FDA registered;
- The pump has a minimum one year manufacturer's warranty; and
- The pump must have a mechanism to prevent suction beyond 250 mm Hg to prevent nipple trauma.

E0604 – Multi-user (Hospital grade) electric pumps - rental
Multi-user/Hospital grade electric pumps are designed to initiate and maintain a milk supply when a baby is not feeding well. The pump must be FDA registered and have a mechanism to prevent suction beyond 250 mm Hg to prevent nipple trauma.

DMAS coverage of hospital grade rental pumps must meet the medical necessity criteria below:

- When the infant is premature at 24-34 weeks of gestation, and the mother is pumping breast milk, awaiting the baby's ability to nurse directly from the breast, or
- When the infant is premature at 35-37 weeks of gestation and continues to experience difficulty coordinating suck and swallow, and the mother is pumping breast milk, awaiting the baby's ability to nurse directly from the breast, or
- For infants with cleft lip and/or palate or ankyloglossia who are not able to nurse directly from the breast, or

- For infants with cardiac anomalies or any medical condition that makes them unable to sustain breast feeding due to poor coordination of suck and swallow or fatigue, or
- For multiples (including twins), until breast-feeding at the breast is established consistently, or
- When the mother has an anatomical breast problem, which may resolve with the use of breast pump, such as insufficient glandular tissue, or
- For any infants for medical reasons who are temporarily unable to nurse directly from the breast, such as NICU babies, or during any hospitalization of the mother or baby which will interrupt nursing, or
- When the infant has poor weight gain related to milk production and pumping breast milk is an intervention in the provider's plan of care and infant has a documented weight loss of 7% or greater despite use of conventional breast pump.

A hospital grade breast pump is not medically necessary when one of the above criteria are not met or when it is requested solely to allow for the mother's return to work or mother's or family convenience.

E1399 – Collection kits for use with the single and multi-user electric breast pumps - purchase
One collection kit for electric breast pumps includes necessary supplies and collection containers. The service limit is one additional kit per single or multi-user electric breast pump authorization. Providers must include medical justification when requesting an additional kit. Each breast pump includes an initial collection kit. Providers must bill their Usual and Customary Charge (UCC). Additional collection kits have a maximum reimbursement of $29.51; 1 unit equals 1 kit. **There is no 30% mark up for additional collection kits.**

SPECIAL NOTE: Please be aware that Medicaid and FAMIS MOMS coverage for pregnant women ends at the end of the month following the 60th day postpartum. If they need additional coverage of a multi-user electric breast pump and are no longer covered by Medicaid or FAMIS MOMS, please refer the member to the local WIC office in their city/county for assistance. If a multi-user breast pump is no longer needed but the mother has the desire to continue breast feeding, DMAS may consider the purchase of a manual or single user electric pump prior to her Medicaid or FAMIS MOMS coverage ending.

Breast Pump and Lactation Consultation Services Reimbursement Table

Service	Code	Maximum Rates/Limits
Lactation Consultation Face-to-Face visit Provider must be an International Board Certified Lactation Consultant (IBCLC).	S9443	$72.00 per session 1 session = 1 Unit Limit: 3 sessions/member/provider/year
Breast Pump, Manual, Single User, **purchase only** Includes initial collection kit	E0602	$29.51 (Includes supplies) Limit: 2 purchases/member/provider/ every 12 months. Request must be medically justified. Providers must have a completed DMAS 352 (CMN) on

		file. **No service authorization required.**
Breast Pump, Electric, Single User (AC and/or DC), **purchase only** Includes initial collection kit	E0603	$173.47 (Includes supplies) Limit: One purchase every 3 years. Request must be medically justified. Providers must have a completed DMAS 352 (CMN) on file. Request duration: 30 days (for pick up/delivery). **Requires service authorization.** *DMAS allows for one additional purchase every three years with medical necessity/justification.*
Breast Pump, Heavy Duty Multi-User (Hospital Grade), **Rental Only** Includes initial collection kit	E0604	$38.61 (daily rate $1.29) Limit: Up to 6 months initial rental period based on medical necessity. 12 month maximum rental period/member with medical justification. *Requests for additional months after the initial 6 months must include why purchase of a single user electric pump (E0603) will not meet member's needs.* **Requires service authorization.**
Collection Kits - **Purchase** *For use with Single-user and Multi-user (Hospital Grade) Electric Breast Pumps*	E1399	$29.51 1 unit = 1 kit Limit: 1 per service limit period for single-user and multi-user electric pumps. Request must be medically justified; provider must indicate pump is owned or rental and that the additional collection kit is appropriate for member owned (or rental) pump. (Providers must have a completed DMAS 352 (CMN) on file. Request duration: 30 days (for pick up/delivery). **Requires service authorization.**

Service Authorization

Keystone Peer Review Organization (KEPRO) is the service authorization contractor for the Department of Medical Assistance Services (DMAS). DME providers may submit requests via phone, fax, or KEPRO's Atrezzo Connect provider portal. For service authorization questions, providers may contact KEPRO at providerissues@kepro.com. KEPRO may also be reached by phone at 1-888-827-2884. KEPRO's website is http://dmas.kepro.com. Through KEPRO's website, providers may register for the Atrezzo provider portal, learn how to submit a service authorization request and view training presentations. These presentations are available via the website; Click on the *Training* tab, then the *Outpatient Services* tab and select the DME presentation.

DME providers must submit medical justification when requesting the breast pumps (E0603, E0604) and for the additional Collection Kit (E1399).

COMMONWEALTH COORDINATED CARE

Commonwealth Coordinated Care (CCC) is a new program that is coordinating care for thousands of Virginians who have both Medicare and Medicaid and meet certain eligibility requirements. Please visit the website at http://www.dmas.virginia.gov/Content_pgs/altc-home.aspx to learn more.

MANAGED CARE ORGANIZATIONS

Many Medicaid recipients are enrolled with one of the Department's contracted Managed Care Organizations (MCO). In order to be reimbursed for services provided to an MCO enrolled individual, providers must follow their respective contract with the MCO. The MCO may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the MCO directly. Additional information about the Medicaid MCO program can be found at http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx.

VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare Web Portal Support Helpdesk, toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access service authorization information including status via KEPRO's Provider Portal at http://dmas.kepro.com.

KEPRO PROVIDER PORTAL

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"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.