



Connecticut Medical Assistance Program

Policy Transmittal 2014-07

PB 2014-17

March 2014

Roderick L. Bremby, Commissioner

Effective Date: April 1, 2014

Contact: Ginny Mahoney @ (860) 424-5145

TO: Medical Equipment Devices and Supplies (MEDS) Providers

RE: Coverage of Hospital-Grade Breast Pumps under Durable Medical Equipment (DME) Fee Schedule

The purpose of this policy transmittal is to notify Medical Equipment Devices and Supplies (MEDS) providers that effective April 1, 2014 the Department of Social Services is adding hospital-grade breast pumps to the DME fee schedule. The Department is implementing policies and procedures regarding hospital-grade breast pumps which can be found at www.huskyhealthct.org.

Hospital Grade Breast Pump Coverage

Effective April 1, 2014, the Department will add procedure code E0604 [breast pump, hospital grade, electric (AC and/or DC), any type] to the DME fee schedule as a **rental item only**. The rental of this item will require prior authorization (PA) and reimbursement will be \$90 a month. The initial rental period will be authorized for only the period of time that there is valid medical necessity, up to a maximum of three months. A new PA will be required to establish medical necessity for the continued need of a hospital-grade breast pump once the initial PA expires. Hospital-grade breast pumps will be covered only upon the mother's discharge from the hospital. Hospital-grade breast pumps will be available for members covered under Medicaid (HUSKY A, C and D) when ordered by an enrolled licensed practitioner (physician, physician assistant or advanced practice registered nurse). The pump kit which is required to be used with the hospital-grade breast pump requires PA and is always purchased. Providers should submit a PA request under code A4649 for the pump kit with documentation of the manufacturer's suggested retail pricing. The pump kit will be reimbursed at 85% of the retail price.

Reimbursement

Reimbursement for the rental of hospital-grade breast pumps is limited to CMAP enrolled DME vendors. The rental payment is inclusive of the following:

- Set up and education on the proper use and care of the pump;
- Maintenance and all repairs/replacements needed during the rental period; and
- Applicable cleaning/return service charges.

Clinical Guideline

Coverage determinations are based on an individual assessment of the member's clinical needs using the statutory definition of medical necessity (Section 17b-259b of the Connecticut General Statutes). The following criteria are guidelines only. Please refer to the detailed guidelines found at www.huskyhealth.com. From this web page select "providers" and then select "policies, procedure and guidelines". Hospital-grade breast pumps may generally be considered clinically appropriate when there is prolonged infant hospitalization and one or more of the following conditions that may adversely impact feeding directly from the breast:

- Prematurity (including multiple gestation);
- Neurologic disorder;
- Genetic abnormality;
- Anatomic and mechanical malformation (e.g. cleft lip or palate); or
- Congenital malformation requiring surgery (e.g. respiratory, cardiac, gastrointestinal, or central nervous system).

Procedure

Coverage determinations will be based upon a review of requested and/or submitted case-specific information. The following information is required for review:

1. Fully completed Outpatient Prior Authorization Request Form or fully completed authorization request via on-line web portal;

2. Prescription from the ordering practitioner;
and
3. Documentation supporting the medical
necessity of the item.

Posting Instructions: The MEDS fee schedule is available on the Connecticut Medical Assistance Program Web site at www.ctdssmap.com. From this web page, go to “Provider” then to “Provider Fee Schedule Download” and scroll down to “MEDS – Durable Medical Equipment” fee schedule. You must press and hold the CTRL key then click the CSV link. Continue to hold the CTRL key until a dialogue box appears with the option to open or save the fee schedule. Policy transmittals can be downloaded from the Connecticut Medical Assistance Program Web site at www.ctdssmap.com.

Distribution: This policy transmittal is being distributed to holders of the Connecticut Medical Assistance Program Provider Manual by HP Enterprise Services.

Responsible Unit: DSS, Division of Health Services, Ginny Mahoney, Policy Consultant, (860) 424-5145.

Date Issued: March 2014