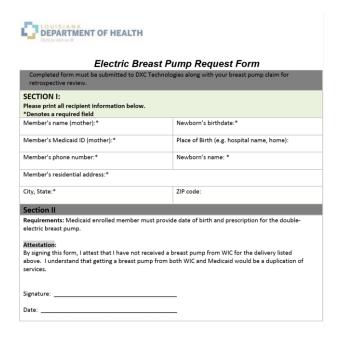


Louisiana Department of Health Informational Bulletin 19-5 February 12, 2019

Breast Pump Coverage — Attestation and Equipment Requirements

Effective with dates of service on or after April 1, 2019, Louisiana Medicaid will require an attestation for breast pump coverage. All durable medical equipment (DME) providers will be required to obtain the Electric Breast Pump Request Form signed by the patient at the point of sale.



The Breast Pump Request form will be located on <u>lamedicaid.com</u> under Forms, Files and User Manuals. It will also be included in the DME provider manual as Appendix I. DME providers should submit the completed form with the claim for medical review.

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In addition, effective April 1, 2019, electric breast pumps dispensed to all Medicaid recipients must meet, at a minimum, the below criteria:

- Have an adjustable suction pressure rate with either written instructions or an automatic mechanism to prevent a suction greater than 250 mm Hg;
- Be adaptable for simultaneous pumping of both breasts (double-collection);
- Automatically cycle with an adjustable variable cycling rate, typically 30 to 60 or more cycles per minute;
- Include a battery option and adapter to be used as an alternate power source when electricity is not immediately available;
- Breast shields (flanges) that are adjustable and flexible, or flanges that are available in several different sizes if rigid, including larger sizes;
- All accessories necessary for pumping two breasts simultaneously for electric pumps;
- At least two collection bottles with spill-proof standard size caps, that are bisphenol-A (BPA) and diethylhexyl phthalate (DEHP) -free; and
- Accessories and supplies must be compatible with the pump provided.
 Materials must be of durable quality for withstanding repeated boiling, washing and pumping use.

Questions regarding fee for service claims should be directed to DXC Technology Provider Relations at (800) 473-2783 or (225) 924-5040.

Questions regarding managed care claims should be directed to the appropriate managed care organization (MCO).