
CHAPTER 18: DURABLE MEDICAL EQUIPMENT

SECTION 18.2: SPECIFIC COVERAGE CRITERIA**PAGE(S) 4**

18.2.10 Breast Milk and Supplies**18.2.10.1 Donor Human Milk**

Donor human milk is covered outpatient for use by medically vulnerable infants.

Eligibility Criteria

Donor human milk is considered medically necessary when the following criteria are met:

1. Beneficiary is less than 12 months of age with one or more of the following conditions:
 - a. Post-surgical nutrition;
 - b. Organ transplantation;
 - c. Renal disease;
 - d. Short gut syndrome;
 - e. Malabsorption syndrome;
 - f. Feeding or formula intolerance;
 - g. Failure to thrive;
 - h. Inborn errors of metabolism;
 - i. Immunologic disorders;
 - j. Congenital heart disease or other congenital anomalies; or
 - k. Neonatal abstinence syndrome;
2. Beneficiary's caregiver is medically or physically unable to produce breast milk at all or in sufficient quantities, is unable to participate in breastfeeding despite optimal lactation support, or has a contraindication to breastfeeding; or the beneficiary is medically or physically unable to receive caregiver breast milk or participate in breastfeeding;

CHAPTER 18: DURABLE MEDICAL EQUIPMENT

SECTION 18.2: SPECIFIC COVERAGE CRITERIA**PAGE(S) 4**

3. Beneficiary's caregiver has received education on donor human milk, including the risks and benefits; and
4. A bank accredited by, and in good standing with, the Human Milk Banking Association of North America supplied the donor human milk.

Reimbursement

Prescriptions for donor human milk must include the following:

1. Number of prescribed calories per ounce;
2. Total ounces prescribed per day;
3. Total number of weeks donor human milk is required;
4. Total allowable refills; and
5. Reason for prescribing donor human milk, including beneficiary's diagnoses.

Prior authorization (PA) is not required for donor human milk. Donor human milk is, however, subject to post payment medical review. The Durable Medical Equipment (DME) provider must submit a prescription containing all required documentation along with a hard copy claim to the Department's fiscal intermediary (FI). Failure to provide required documentation, or documentation that fails to establish medical necessity, will result in recoupment of the payment for the donor human milk.

Providers should review Chapter 25: Hospital Services Provider manual for policy regarding coverage of donor human milk in an inpatient hospital setting.

18.2.10.2 Electric Breast Pumps

An electric breast pump is a mechanical device powered by batteries or electricity used by nursing mothers to extract milk from their breasts. Medicaid considers personal use, double, and electric breast pumps a coverable item for nursing mothers. A new breast pump is covered for each viable pregnancy. The breast pump may be obtained at the gestational age of 32 weeks to expectant mothers who meet the criteria and intend to breastfeed their infant.

CHAPTER 18: DURABLE MEDICAL EQUIPMENT

SECTION 18.2: SPECIFIC COVERAGE CRITERIA**PAGE(S) 4**

PA is not required for a breast pump. Electric breast pumps are subject to post payment medical review. Providers must submit all required documentation along with a hard copy claim to the Department's FI. Failure to provide required documentation, or documentation that fails to establish medical necessity, may result in recoupment of the payment for the device.

All of the following documentation is required:

1. Prescription from the prescribing physician for the electric breast pump;
2. Education/training on breastfeeding with the prescribing physician, licensed breastfeeding practitioner or healthcare professional;
3. Louisiana Medicaid has not purchased a breast pump within the past three years for the same delivery; and
4. Completed Fillable Electric Breast Pump Request Form (located on www.lamedicaid.com and Appendix I of this manual) signed by the prescribing physician and the mother or her authorized representative.

NOTE: Single, manual, and hospital-grade breast pumps are not covered items under Louisiana Medicaid.

Equipment Criteria

Electric breast pumps are dispensed to Medicaid beneficiaries who must meet, at a minimum, the below criteria:

1. Have an adjustable suction pressure rate with either written instructions or an automatic mechanism to prevent a suction greater than 250 mm Hg;
2. Be adaptable for simultaneous pumping of both breasts (double-collection);
3. Automatically cycle with an adjustable variable cycling rate, typically 30 to 60 or more cycles per minute;
4. Include a battery option and adapter to be used as an alternate power source when electricity is not immediately available;
5. Breast shields (flanges) that are adjustable and flexible, or flanges that are available in several different sizes if rigid, including larger sizes;

CHAPTER 18: DURABLE MEDICAL EQUIPMENT

SECTION 18.2: SPECIFIC COVERAGE CRITERIA**PAGE(S) 4**

6. Accessories necessary for pumping two breasts simultaneously for electric pumps;
7. At least two collection bottles with spill-proof standard size caps, that are bisphenol-A (BPA) and DEHP-free; and
8. Accessories and supplies must be compatible with the pump provided. Materials must be of durable quality for withstanding repeated boiling, washing, and pumping use.

Replacement Criteria

Medicaid will allow replacement of a breast pump older than three years and after expiration of manufacturer's warranty. Equipment replacement and warranty are subject to the policy in Section 18.2 of this provider manual.

Electric Breast Pump Supplies

Electric breast pump supplies will be available to the nursing mother once every 180 days. DME providers must obtain PA for replacement supplies. The PA request must include the Fillable Electric Breast Pump Request Form.

18.2.10.3 Human Milk Storage Bags

Human milk storage bags are designed to safely store and protect expressed human milk for feeding a child. Medicaid covers 100 human milk storage bags per month for lactating beneficiaries. The Medicaid reimbursement rate on file covers a one month supply of storage bags.