



January 14, 2016

Montana Healthcare Programs Notice

**Durable Medical Equipment (DME), Mid-Level, Pharmacy,
Physician, and Outpatient Hospital Providers**

Effective February 1, 2016

Hospital Grade Electric Breast Pump Requirements

Montana Medicaid has changed the criteria for obtaining hospital grade electric breast pumps. The use of a hospital grade electric breast pump is considered to be medically appropriate if at least one of the following criteria is met:

- Member has a pre-term infant at 39 weeks or less gestation.
- Member's infant has feeding difficulties due to neurological or physical conditions, such as cleft palate, cleft lip, Down syndrome, cardiac problems, cystic fibrosis or phenylketonuria (PKU), which impairs adequate suckling.
- Illness of mother and/or infant that results in their separation.
- Mother is on medication that compromises milk supply.
- Mother has multiple infants.

Hospital grade electric breast pump rental is limited for 2 months, unless additional months are prior authorized by the Department. Medicaid covers all supplies, maintenance, repair, components, adjustments, and services related to the pump. Medicaid payment may not be provided through the infant's eligibility.

The HCPCS code for a hospital grade electric breast pump is E0604 – Breast pump, hospital grade, electric (AC and/or DC), any type.

Documentation or a description supporting the coverage criteria requirements must be present on the claim or sent in as supplemental documentation.

Contact Information

If you have any questions regarding the above requirement, please contact Dani Green at 406-444-5296 or dgreen3@mt.gov.

For claims questions or additional information, contact Provider Relations at 1-800-624-3958 (toll-free, in/out of state) or 406-442-1837 (Helena) or via e-mail at MTPRHelpdesk@xerox.com.

Visit the Montana Healthcare Programs Provider Information website at <http://medicaidprovider.mt.gov/>.