

MEDICAID BREAST PUMP ALERT

Did you know that as of June 20th Medicaid's Durable Medical Equipment Fee schedule covers breast pumps?

TAKE ACTION...



Pump codes:

- E0604 - breast pump, hospital grade, electric (AC and/or DC), any type –rental only
- E0603 - Breast pump electric (AC and/or DC) any type

ICD-10 Code:

- If prescription is for the MOTHER, use O92.5 (Suppressed Lactation)
- If prescription is for the BABY, use P92.5 (difficulties feeding at breast for 28 days or younger) Use R63.3 (difficulties feeding over 28 days of age)

[Click here to view the fee schedule](#)

Questions & Answers:

Q: What Medicaid plan cover pumps?

A: Currently it is dependent on each Medicaid Managed Care Plan's own criteria, but by Florida law each Medicaid Managed Care Plan is to cover breast pumps. (NO out of pocket expense for the mother)

Q: How long does it take to receive a pump? A: Varies per policy.

Q: Can moms leave the hospital with a breast pump? A: After pre-authorization most E0603 pumps are mailed to your home by a (DME) Durable Medical Equipment who have contracts with the Medicaid Managed Care Plan's to fulfill this product.

1. Request a pump

- Provide mom a prescription
- Direct moms to their insurance provider for DME information
- Preauthorization required

2. File a complaint

If access to a pump is denied

- [click here](#) to let ACHA know—this is the only link they track claims! You may also
- Call toll free 1-877-254-1055 to file via phone or
- Go to: https://apps.ahca.myflorida.com/smmc_cirts/

EVERYONE - Doctors, nurse practitioners, lactation consultants, WIC employees and patients or family should complete file!

3. Help with the policy

- ACHA will be hosting a full day workshop this fall and needs our help with development
- Add your suggestions on the FBC blog

<https://flmedicaidbreastpump.blogspot.com/>



Photo provided by the United States Breastfeeding Committee