



State of New Jersey
Department of Human Services
Division of Medical Assistance & Health Services

NEWSLETTER

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TO: DME Providers, Physicians, Advanced Practice Nurses (APNs),
Certified Nurse Midwives, Independent Clinics, Federally Qualified
Health Centers (FQHCs), Managed Care Organizations, Hospitals
– **For Action**

Douglas – **For Information Only**

SUBJECT: **Breastfeeding equipment coverage updates and changes**
****Revised Effective Date****

EFFECTIVE: Claims with service dates on or after 4/5/2021

PURPOSE: To advise Medicaid/NJ FamilyCare providers and Managed Care Organizations (MCOs) about updates and changes affecting the criteria for coverage of breastfeeding equipment.

BACKGROUND: Public Law 2019, Chapter 343 clarifies and strengthens our current coverage of breastfeeding equipment to support lactation and breastfeeding among NJ FamilyCare members. Evidence shows that breastfeeding can improve both maternal and infant outcomes, and reduce hospitalizations and physician visits.

These benefits are provided to NJ FamilyCare eligible individuals at any time during pregnancy and the postpartum period for the duration of breastfeeding as defined by the individual. They are available to NJ FamilyCare members in all Medicaid and CHIP eligibility categories under plans A, B, C and D, and the Alternative Benefit Plan (ABP). Individuals covered by the NJ Supplemental Prenatal Care Program (NJSPCP) are not eligible. Benefits associated with multiple births are identical to those for singleton births.

ACTION: Effective for claims with service dates on or after April 5, 2021, the Medicaid/NJ FamilyCare FFS program and its MCO partners shall, at minimum, provide the following:

Breast Pump Codes & Coverage Criteria

Description	Code	Coverage Criteria
<p>Double Electric Pump (Single User)</p> <p>See minimum breast pump specifications</p>	<p>E0603</p> <p>Hands-free model use code E0603 with SC modifier</p>	<ul style="list-style-type: none"> • Purchase only • Neither prior authorization, prescription nor documentation of medical necessity is required for double electric breast pumps, with the exception of hands-free models, which require prior authorization. • Repair and replacement are covered if necessary. Replacement pumps should be supplied as soon as possible to avoid interruption in the breastfeeding schedule, and in no case longer than 24 hours. If a repair or replacement is unable to be delivered within 24 hours from notification of need, then a rental must be provided. • 2 breast pump kits included with each pump – see minimum breast pump kit specifications • No cost to member • 1 pump per birth event
<p>Manual Pump (Single User)</p> <p>See minimum breast pump specifications</p>	<p>E0602</p>	<ul style="list-style-type: none"> • Not recommended, available by request only • Purchase only • Neither prior authorization, prescription, nor documentation of medical necessity is required. • Repair and replacement are covered if necessary. Replacement pumps should be supplied as soon as possible to avoid interruption in the breastfeeding schedule, and in no case longer than 24 hours. If a repair or replacement is unable to be delivered within 24 hours from notification of need, then a rental must be provided. • 2 breast pump kits included with each pump – see minimum breast pump kit specifications • No cost to member • 1 pump per birth event
<p>Multi-user (Hospital Grade) Pump</p> <p>See minimum breast pump specifications</p>	<p>E0604</p>	<ul style="list-style-type: none"> • Rental covered with prior authorization • Purchase may be considered under special circumstances • Provided without regard to the provision or acquisition of a single user pump • Replacement covered in case of equipment failure. Replacement must be furnished within 12hrs. • 2 breast pump kits included – see minimum breast pump kit specifications • No cost to member • 1 pump per birth event

The pump(s) provided to NJ FamilyCare members shall be of sufficient power and durability to establish and maintain milk supply for the duration of breastfeeding as

defined by the individual. Breast pumps can vary in terms of quality. Appropriate electric pumps will have these features: automatic breast pump with intermittent suction, 50-80 cycles per minute with adjustable vacuum ranging from 50 to 250 mm Hg. For more information, see minimum breast pump specifications below.

Breast Pump Delivery Timeframes

Description	Delivery Specifications*	
	Prenatal Request	Postpartum Request
Single User (Double Electric & Manual Pumps)	Must be furnished within 72hrs after notification of need	Should be furnished within 24hrs of notification of need, no longer than 48hrs
Multi-User	Must be furnished within 12hrs of notification of need	Must be furnished within 12hrs of notification of need
*If delivery cannot be ensured within the above specified timeframe the member may purchase equipment and the health plan must reimburse all out of pocket expenses.		

Additional breast pump supplies**

Description	Code
Replacement tubing for breast pump	A4281
Replacement adapter for breast pump	A4282
Replacement cap for breast pump bottle	A4283
Replacement breast pump shield	A4284
Replacement breast pump bottle	A4285
Replacement locking ring for breast pump	A4286
Replacement Bags	K1005
Hands-free breastfeeding bra	A9900
**Additional breast pump supplies with code A4281 – A4286 & K1005 should be covered without prior authorization. Code A9900 requires prior authorization.	

Minimum Breast Pump Specifications

Source: United States Breastfeeding Committee, National Breastfeeding Center. Model Policy: Payer Coverage of Breastfeeding Support and Counseling Services, Pumps and Supplies. 2nd rev ed. Washington, DC: United States Breastfeeding Committee and National Breastfeeding Center; 2014.

Minimum Specifications for Single-User Double Electric Breast Pumps (E0603)

The electric personal use pump must:

- Be lightweight and portable. The total weight of furnished assembly should not exceed ten (10) pounds.

- Be packaged pre-assembled with all parts necessary for pumping. Assembly includes but not limited to pump motor unit, minimum 5' electric cord, and double pumping collection kit.
- Operate on a 110-volt household current and be UL listed.
- Have an adjustable suction pressure between 50 mm Hg and 250 mm Hg at the breast shield during use; a suction range just at the low or high end of the range is not acceptable.
- Have an automatic mechanism to prevent suction greater than 250 mm Hg when used according to manufacturer instructions to prevent nipple trauma.
- Have a mechanism for automatic release of suction for safety.
- Have variable/adjustable cycling not less than 30 cycles per minute; one fixed cycling time is not acceptable.
- Have single and double pumping capacity and capable of maintaining a consistent vacuum (no pressure change) as the collection container fills regardless of the container size and whether single or double pumping.
- Have double pumping capacity, which is simultaneous, not alternating.
- Have a visible breast milk pathway and no milk is able to contact the internal pump motor unit parts at any time when the product is used per manufacturer instructions.
- Include breast flanges that are either adjustable/flexible or if rigid, come in at least two (2) sizes to accommodate different breast sizes with no sharp edges.
- Include a collection bottle of four (4) to six (6) ounces with a spill-proof cap and standard-size opening, and be bisphenol-A (BPA) and DHEP-free.
- Include a durable soft-sided carrying case with a storage compartment to hold pumping accessories and an insulated cooling compartment including freezer packs for storing expressed breast milk, this is recommended especially for women returning to work or school.
- Include a battery option and adapter that can be used as an alternate power source other than electric; this is recommended for flexibility of pumping.

Minimum Specifications for Multi-user Hospital-Grade Double Electric Breast Pump (E0604)

The electric hospital-grade multi-user pump must:

- Must not exceed 12 pounds including carrying case.
- Operate on a 110-volt household current and be UL listed.
- Have a visible breast milk pathway and no milk is able to contact the internal pump motor unit parts at any time when the product is used per manufacturer instructions.
- Have an adjustable suction pressure between 30 mm Hg and 250 mm Hg at the breast shield during use; a suction range just at the low or high end of the range is not acceptable.
- Have an automatic mechanism to prevent suction greater than 250 mm Hg when used according to manufacturer instructions to prevent nipple trauma.
- Have a mechanism for automatic release of suction for safety.

- Have variable/adjustable cycling not less than 30 cycles per minute; one fixed cycling time is not acceptable.
- Have double pumping capacity, which is simultaneous, not alternating.
- Include a pumping kit for each personal user including durable tubing to connect to the pump and flanges, and have single and double pumping capacities.
- Include a carrying case made of durable, washable materials for the pump motor assembly and pump kit accessories; this is recommended if the pump needs to be portable.

Minimum Specifications for Single- or Multi-User Double Electric Pumping Kits

The kit must:

- Include breast flanges that are either adjustable/flexible or if rigid, come in at least two (2) sizes to accommodate different breast sizes with no sharp edges.
- Be packaged pre-assembled with all accessories necessary for pumping two breasts simultaneously or only one breast manually.
- Include at least two collection bottles of four (4) to six (6) ounces with a spill-proof cap and standard-sized opening, and be bisphenol-A (BPA) and DHEP-free.
- Contain collection bottle(s) and flanges made of medical grade quality to allow for repeated boiling and/or dishwasher cleaning, and which are scratch resistant and non-breakable.
- Have durable tubing designed for long-term pumping use.
- Design and materials of the furnished assembly shall allow viewing the breast milk pathway.
- Include a battery option and adapter that can be used as an alternate power source other than electric; this is recommended and may come as part of pump assembly or pumping kit

Providers are encouraged to inform members of lactation support services and additional resources available from local WIC agencies.

<https://www.state.nj.us/health/fhs/wic/participants/find-wic/>

If you have any questions concerning this Newsletter, please contact the Gainwell Technologies Provider Services Unit at 1-800-776-6334.

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