



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), Midwives, Independent Clinics, Federally Qualified Health Centers (FQHCs), Managed Care Organizations, Hospitals – **For Action**  
Community Doulas – **For Information Only**
- SUBJECT:** **Breastfeeding equipment coverage updates and changes, and revised minimum requirements for breast pumps**
- EFFECTIVE:** Claims with service dates on or after 3/1/2022
- PURPOSE:** To advise Medicaid/NJ FamilyCare providers and Managed Care Organizations (MCOs) about updates and changes affecting the criteria for coverage of breastfeeding equipment.

**This Newsletter is intended to update Volume 31 No. 17 (July 2021), which covered claims with service dates from 4/1/2021–2/28/2022. Updates to minimum breast pump requirements were made to incorporate current manufacturer specifications.**

**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.

These benefits are provided to NJ FamilyCare eligible individuals at any time during their pregnancy and throughout the postpartum period for the duration of breastfeeding. 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.

Providers are encouraged to inform members of lactation support services and other resources that are available from local WIC agencies. The following website is provided for reference: <https://www.state.nj.us/health/fhs/wic/participants/find-wic/>

**ACTION: Effective for claims with service dates on or after March 1, 2022**, 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
Double Electric Pump (Single User)  See minimum breast pump specifications	E0603  Hands-free model use code E0603 with SC modifier	<ul style="list-style-type: none"> <li>• Purchase only</li> <li>• 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.</li> <li>• Repair and replacement are covered in case of equipment failure. 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 of notification of need, then a rental must be provided.</li> <li>• 1 breast pump kit included with each pump – see minimum breast pump kit specifications below.</li> <li>• No cost to member</li> <li>• 1 pump per birth event</li> </ul>
Manual Pump (Single User)  See minimum breast pump specifications	E0602	<ul style="list-style-type: none"> <li>• Not recommended, available by request only</li> <li>• Purchase only</li> <li>• Neither prior authorization, prescription, nor documentation of medical necessity is required.</li> <li>• Repair and replacement are covered in case of equipment failure. 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 of notification of need, then a rental must be provided.</li> <li>• 1 breast pump kit included with each pump – see minimum breast pump kit specifications below.</li> <li>• No cost to member</li> <li>• 1 pump per birth event</li> </ul>
Multi-user (Hospital Grade) Pump  See minimum breast pump specifications	E0604	<ul style="list-style-type: none"> <li>• Rental covered with prior authorization</li> <li>• Purchase may be considered under special circumstances</li> <li>• Provided without regard to the provision or acquisition of a single user pump</li> <li>• Replacement covered in case of equipment failure. Replacement must be furnished within 12hrs.</li> <li>• 1 breast pump kit included – see minimum breast pump kit specifications below.</li> <li>• No cost to member</li> <li>• 1 pump per birth event</li> </ul>

Description	Breast Pump Delivery Requirements		
	Prenatal Request	Inpatient L&D Request	Postpartum Request
Single User (Double Electric & Manual Pumps)	Must be furnished by the MCO or in-network DME provider within 72hrs of member request.	Must be supplied at time of member request. The hospital must provide assistance with education on the proper use of the equipment.	Must be furnished by the MCO or in-network DME provider within 24– 48hrs of member request.
Multi-User	Must be furnished by the MCO or in-network DME provider within 12hrs of member request.	If needed for outpatient use, it must be furnished by the MCO or in-network DME provider within 12hrs of member request.	Must be furnished by the MCO or in-network DME provider within 12hrs of member request.
Additional Shield/Flange	Must be furnished by the MCO or in-network DME provider within 72hrs of member request.	Hospital must provide lactation support services to assist with fitting for correct shield/flange size.	Must be furnished by the MCO or in-network DME provider within 24– 48hrs of member request.

Description for Additional Breast Pump Supplies *	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
Collection and storage bags for breast milk	K1005
Hands-free pumping bra	A9900
*Additional breast pump supplies with code A4281 – A4286 & K1005 are to be covered without prior authorization, prescription or documentation of medical necessity. Code A9900 requires prior authorization.	

One (1) breast pump kit must be issued for each breast pump (see minimum breast pump kit specifications below). Outreach to the member should occur within 7-14 days of the pump being supplied (or within 7-14 days after the birth event if the pump is supplied prenatally) to assess member’s needs for additional breast pump supplies and lactation support services.

The hands-free single-user pump and hands-free pumping bra coverage is intended to support members with disabilities.

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. For more information, see minimum breast pump specifications below.

### **Minimum Breast Pump Specifications**

Modeled after 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.
- Be packaged pre-assembled with all parts necessary for pumping. Pumps must include, but are not limited to, the pump motor unit, the electric cord, and the double pumping collection kit.
- Operate on a 110-volt household current and be UL listed.
- Have an adjustable suction pressure (to minimize nipple trauma)
- Have variable/adjustable cycling. One fixed cycling time is not acceptable.
- Have single and double pumping capacity and have the capability to maintain a consistent vacuum 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.
- Include breast flanges that are either adjustable/flexible or rigid. Rigid flanges must come in at least two (2) sizes to accommodate different breast sizes and have no sharp edges.
- Include a collection bottle and be bisphenol-A (BPA)-free and DHEP-free.
- Have the option of a rechargeable battery. DME suppliers must offer at least one pump with a rechargeable battery.

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

#### **The kit must:**

- Include breast flanges that are either adjustable/flexible or rigid. Rigid flanges must come in at least two (2) sizes to accommodate different breast sizes and have no sharp edges.
- Be packaged pre-assembled with all accessories necessary for pumping two breasts simultaneously.
- Include at least two collection bottles and be bisphenol-A (BPA)-free and DHEP-free.
- Contain scratch-resistant, non-breakable collection bottle(s) and flanges that allow for repeated boiling and/or dishwasher cleaning.
- Have durable tubing designed for long-term pumping use.

Providers are encouraged to inform members of lactation support services and other resources that are available from local WIC agencies. The following website is provided for reference: <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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