

Improved Access to Breast Pumps Effective September 1, 2017 for Texas Medicaid

Information posted September 15, 2017

Note: *Texas Medicaid managed care organizations (MCOs) must provide all medically necessary, Medicaid-covered services to eligible clients. Administrative procedures such as prior authorization, pre-certification, referrals and claims/encounter data filing may differ from traditional Medicaid (fee-for-service) and from MCO to MCO. Providers should contact the client's specific MCO for details.*

Texas Medicaid has developed additional medical necessity criteria to improve access to breast pump equipment for breastfeeding mothers and their infants.

Breast pumps facilitate an infant's ability to receive their mother's own breast milk when it would be difficult to do so without equipment. Breast milk provides unsurpassed nutrition and immune protections, influences the growth and development of infants and improves infant health outcomes.

Texas Medicaid's improved coverage for breast pumps is intended to enhance the opportunities for providers to support the mother's and infant's breastfeeding efforts.

Claims Filing Clarification Related to the Mother's and Newborn's Medicaid Client Numbers

Effective for dates of service from September 1, 2017, through November 30, 2017, providers may continue to submit claims for breast pump equipment using the mother's Medicaid client number.

Effective for dates of service on or after December 1, 2017, providers may continue to use the mother's Medicaid client number when submitting claims for breast pump equipment and parts. However, if a mother is no longer eligible for Texas Medicaid and there is a need for a breast pump or parts, additional claims for the breast pump equipment must be submitted with the infant's Medicaid client number.

Providers Who May Order a Breast Pump and Replacement Parts

Any provider who is familiar with the mother's or infant's health may order a breast pump. The ordering provider may include, but is not limited to, the following providers:

- Obstetricians
- Gynecologists
- Neonatologists
- Pediatricians

Providers in the hospital setting or the community setting may write the order for breast pump equipment.

Note: *DME suppliers may deliver breast pump equipment to a client who is still in the hospital, but for claims purposes, the place of service should indicate the home setting.*

Improved Prior Authorization Requirements

As stated in the current *Texas Medicaid Provider Procedures Manual, Gynecological, Obstetrics, and Family Planning Title XIX Services Handbook*, subsection 3.6, "Prior Authorization," the following prior authorization guidelines are effective for dates of service on or after September 1, 2017:

- The purchase of a manual or an electric breast pump **does not** require prior authorization.
- The **initial 60-day** rental of a hospital-grade pump **does not** require prior authorization.
 - The subsequent rental of a hospital-grade pump, allowed in 90-day increments, **does** require prior authorization and documentation.
- Up to two replacements per part **does not** require prior authorization.
 - Exceeding the two replacements per part limit **does** require prior authorization and documentation.

- The replacement of a breast pump due to loss or damage **does** require prior authorization with documentation.

Breast Pump Equipment Specifications, Clarification and Changes

Benefit language in the current *Texas Medicaid Provider Procedures Manual* (TMPPM) will be updated for clarity purposes. Changes described in this article are effective for dates of service on or after September 1, 2017. The language changes include clarifying the following:

- It is not necessary for a hospital-grade pump to have a piston-driven motor.
- A personal-use electric breast pump must have one alternative back-up power option
- A breast pump kit must include one extra set of membrane and valve replacements

The text below has been underlined or struck-through to highlight the updated language. Subheadings have been used to assist with locating the matching language in the current *Texas Medicaid Provider Procedures Manual, Gynecological, Obstetrics, and Family Planning Title XIX Services Handbook*. On October 1, 2017, these language clarifications and changes for breast pump equipment specifications will be updated in the TMPPM.

Note: *DME providers are permitted to use their current stock of breast pump equipment until December 1, 2017, after which the breast pump equipment must meet the required specifications that will be described in the October 2017 release of the Texas Medicaid Provider Procedures Manual, Gynecological, Obstetrics, and Family Planning Title XIX Services Handbook, section 3, "Breastfeeding Support Services."*

Breast Pump Kit Specifications

The following statement about breast pump kits has been updated:

A breast pump kit is included in the purchase or rental of a breast pump, and is not separately reimbursed. Kits should include the following:

- All parts necessary to easily convert an electric pump to a manual pump (~~e.g., piston cylinder assembly and pump connector; manual pump adapter; conversion kit~~)
- At least ~~two~~ one extra set of membrane and valve replacements

Personal-Use Electric Breast Pump Specifications

The following statement about personal-use electric breast pump specifications has been updated:

Electric breast pumps must meet the following specifications:

- Include a battery option ~~and~~ or adapter to be used as an alternate power source when electricity is not immediately available

Hospital-Grade Electric Breast Pump Specifications

The following statement about hospital-grade breast pump specifications has been updated:

A hospital-grade electric breast pump must meet the following specifications:

- Automatically cycle with adjustable or variable cycling that closely mimics the suckling action of an infant, ~~typically a rate of 30 to 60 or more cycles per minute~~
- Electrical (AC and/or DC) ~~with a piston-driven motor~~

Breastfeeding Support Services General Information

Providers may refer to the current *Texas Medicaid Provider Procedures Manual, Gynecological, Obstetrics, and Family Planning Title XIX Services Handbook*, section 3, "Breastfeeding Support Services," for specific information about the appropriate medical necessity for a breast pump, and prior authorization and documentation requirements.

Note: *This article is a clarification to the article titled, ["Breastfeeding Support Services to Change for Texas Medicaid on September 1, 2017,"](#) which was published on this website July 28, 2017.*

For more information, call the TMHP Contact Center at 1-800-925-9126.