

Minimum Breast Pump Specifications Established for Medicaid Reimbursement

Effective April 1 2013, Medicaid will only reimburse for breast pumps that meet minimum breast pump specifications. These specifications will improve the quality of breast pumps available through the NYS Medicaid program. The Minimum Breast Pump Specifications are available in the procedure codes section of the DME manual at eMedNY.org (<https://www.emedny.org/ProviderManuals/DME/index.aspx>) and at www.health.ny.gov/community/pregnancy/breastfeeding/.

Pumps should be prescribed in coordination with lactation services to determine which type of pump is best for the mother. The goal is to increase the number of women using breast pumps to continue feeding their infants breast milk, ideally exclusively for the first six months of life and continuing until at least 12 months of age.

NYS Medicaid covers three types of breast pumps. The reimbursement rates for purchasing manual and electric (personal use) pumps have increased. The monthly rental rate for hospital grade electric pumps has not changed. E0602/E0603 includes all necessary supplies and collection containers (kit).

- **E0602 Breast pump, manual**
Maximum Reimbursement Rate = \$31.71
- **E0603 Breast pump, electric (AC and/or DC), any type**
Maximum Reimbursement Rate = \$173.47
- **E0604 Breast pump, hospital grade, electric (AC and/or DC), any type (rental only)**
Maximum Reimbursement Rate = \$38.61/month

Rental of hospital grade breast pumps is limited to Durable Medical Equipment vendors.

- Hospital or professional grade breast pump coverage is limited to cases of prematurity (including multiple gestation), neurologic disorders, genetic abnormalities (e.g. Down's Syndrome), anatomic and mechanical malformations (e.g. cleft lip and palate), congenital malformations requiring surgery (e.g. respiratory, cardiac, gastrointestinal, CNS), prolonged infant hospitalization, or other conditions that prevent normal breastfeeding (e.g. respiratory compromise).
- A Dispensing Validation System (DVS) authorization is available for up to 2 months for E0604. Prior approval is required for cases requiring more than 2 months rental (e.g. extreme prematurity, less than 28 weeks gestation).