



Department of Medical Assistance Services  
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# Breast Pumps and Lactation Consultation Services Provider Fact Sheet

<b>Purpose</b>	Effective January 1, 2016, the Virginia Department of Medical Assistance Services (DMAS) will reimburse for lactation consultation services and breast pumps for pregnant and postpartum women in the fee-for-service delivery system. Managed Care Organizations currently cover lactation services. Lactation services are evidenced-based interventions that provide breastfeeding information and support to women throughout pregnancy, birth, and infancy, and have proven to be effective in increasing initiation, duration, and exclusivity of breastfeeding.	
<b>Services Covered</b>	<ul style="list-style-type: none"> <li>• Lactation Consultation Services</li> </ul>	<ul style="list-style-type: none"> <li>• Breast Pumps and Supplies               <ul style="list-style-type: none"> <li>○ Manual – Single User (Purchase)</li> <li>○ Electric – Single User (Purchase)</li> <li>○ Hospital Grade – Multi-User (Rental Only)</li> <li>○ Collection Kits</li> </ul> </li> </ul>
<b>Who is Eligible?</b>	<ul style="list-style-type: none"> <li>• Breast pumps and lactation consultation services are available for pregnant and postpartum women who are enrolled in the Fee-For-Service (FFS), FAMIS Plus, FAMIS, or FAMIS MOMS benefit.</li> <li>• DMAS Managed Care Organizations (MCOs) cover lactation consultation services and breast pumps for pregnant and postpartum women enrolled in a managed care plan. Contact the member's MCO for specific coverage requirements.</li> <li>• Note: Women who are eligible for Medicaid or FAMIS coverage as a pregnant woman, may lose coverage at the end of the month following their 60<sup>th</sup> day postpartum. If members need lactation services or breastfeeding supports after their Medicaid or FAMIS benefits end, please refer members to their local Women, Infant and Children (WIC) program for further assistance at 1-888-942-3663 or visit <a href="http://www.wicva.com">www.wicva.com</a> to determine if they are eligible for WIC services.</li> </ul>	
<b>Provider Requirements</b>	<ul style="list-style-type: none"> <li>• Providers of lactation consultation services must be enrolled with DMAS as a physician, nurse practitioner, physician assistant, certified nurse midwife, certified professional midwife, health department/clinic, Federally Qualified Health Center (FQHC), or Rural Health Clinic (RHC), and services must be provided by an International Board Certified Lactation Consultant (IBCLC).</li> <li>• Providers of breast pumps must be enrolled with DMAS as a Durable Medical Equipment provider.</li> </ul>	
<b>Service Requirements and Limitations for FFS enrollees</b>	<ul style="list-style-type: none"> <li>• Lactation consultation services must be face-to-face and provided in an outpatient clinic setting.</li> <li>• DME providers must submit medical justification when requesting breast pumps (E0603, E0604) and for the additional Collection Kit (E1399).</li> <li>• Neither lactation consultation services (S9443) nor manual breast pumps (E0602) require service authorization.</li> </ul>	
<b>Service Authorization Process for Single and Multi-user Electric Breast Pumps</b>	DME providers may submit requests to Keystone Peer Review Organization (KEPRO) via phone, fax, or KEPRO's Atrezzo Connect provider portal at <a href="http://dmas.kepro.com">http://dmas.kepro.com</a> . For service authorization questions, provider may contact KEPRO at <a href="mailto:providerissues@kepro.com">providerissues@kepro.com</a> or by phone at 1-888-827-2884.	

Reimbursement Information	Description	Code	Rates Effective 01/01/2016
	Lactation Consultation Face-to-Face visit	S9443	<ul style="list-style-type: none"> <li>\$72.00 per session</li> <li>1 session – 1 Unit</li> </ul> Limits: 3 sessions/member/provider/year
	Provider must be an International Board Certified Lactation Consultant (IBCLC)		
	Breast Pump, Manual, Single User, <b>Purchase Only</b> Includes initial collection kit	E0602	<ul style="list-style-type: none"> <li>\$29.51 (Includes supplies)</li> </ul> Limits: 2 purchases/member/provider/every 12 months Request must be medically justified. Providers must have a completed DMAS-352 (Certified of Medical Necessity – CMN) on file. <b>No service authorization required.</b>
	Breast Pump, Electric, Single User, (AC and/or DC), <b>Purchase Only</b> Includes initial collection kit	E0603	<ul style="list-style-type: none"> <li>\$173.47 (Includes supplies)</li> </ul> Limit: One purchase every 3 years. Request must be medically justified. Providers must have completed DMAS-352 (CMN) on file. Request duration: 30 days (for pick up/delivery). <b>Requires service authorization.</b> <i>DMAS allows for one additional purchase every three years with medical necessity/justification.</i>
Breast Pump, Heavy Duty Multi-User (Hospital Grade), <b>Rental Only</b> Includes initial collection kit	E0604	<ul style="list-style-type: none"> <li>\$38.61 (daily rate \$1.29)</li> </ul> Limits: Up to 6 months initial rental period based on medical necessity. 12 month maximum rental period/member with medical justification. <i>Requests for additional months after the initial 6 months must include why purchase of a single user electric pump (E0603) will not meet member's needs.</i> <b>Requires service authorization.</b>	
Collection Kits - <b>Purchase</b>	E1399	<ul style="list-style-type: none"> <li>\$29.51 Maximum Reimbursement</li> <li>1 Unit = 1 Kit</li> </ul> Limit: 1 per service limit period for single-user and multi-user electric pumps. Request must be medically justified; provider must indicate pump is owned or rental and that the additional collection kit is appropriate for member owned (or rental) pump. Providers must have a completed DMAS-352 (CMN) on file. Request duration: 30 days (for pick up/delivery). <b>Requires service authorization.</b>	