



<b>Policy Name</b>	Breastfeeding Support, Supplies and Counseling	<b>Effective Date</b>	01/01/2018
<b>Policy Description</b>	Document to address plan coverage under the Patient Protection and Affordable Care Act (PPACA)	<b>Last review date</b>	01/01/2018
<b>Policy #</b>		<b>Page</b>	<b>1</b>

**Purpose:**

To define Participant benefit coverage as required under the Patient Protection and Affordable Care Act (PPACA).

**Policy:**

Lactation support, supplies and counseling are covered benefits for AMITA Health Participants at no cost-share when obtained from an AMITA Health and Ascension Network or a National Network provider. If there is not any AMITA/Ascension Network/National Network provider/facility available within 50 miles radius of participant's address on record an Out of Network provider/facility can be approved at the National Network if prior authorization has been obtained.

No authorization is required for an AMITA and Ascension Network or a National Network provider.

**Coverage:**

1. The following ICD-10-CM diagnosis must be provided for coverage of lactation support, supplies or counseling.
  - Z39.1 – Encounter for care and examination of lactating mother
2. Behavioral Interventions to Promote Breastfeeding
  - Twice per calendar year
  - 99401 **must have modifier TH** and diagnosis O09.00-O09.93, O36.80X0-O36.80X9, Z33.1, Z34.00-Z34.93, Z39.1, or Z33.3
  - *The additional benefits in Women's Preventive section below are also covered for lactation support.*
  - 99402-99404 **with modifier TH** and diagnosis code Z39.1

Breast Pumps

- A) Manual or non-hospital grade breast pumps are covered as a rental or purchase item.
  - HCPCS codes (2017): E0602 (manual), E0603 (electric)
  - The purchase of a breast pump is limited to one every three years.

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<b>Policy Number</b>		<b>Page</b>	2

B) Hospital-grade breast pumps are only covered as a rental item.

- HCPCS codes (2017): E0604 (electric) with the RR modifier. E0604 is only available for the high risk diagnosis codes below:
- P05.00 Newborn light for gestational age – P05.08
- P05.2 Newborn affected by fetal (intrauterine) malnutrition
- P05.9 Newborn affected by slow intrauterine growth, unspecified
- P07.00 Extremely low birth weight newborn – P07.03
- P07.10 Other low birth weight newborn, unspecified weight – P07.18
- P07.20 Extreme immaturity of newborn, unspecified weeks of gestation – P07.26
- P07.30 Preterm newborn, unspecified weeks of gestation – P07.39
- P27.0 Wilson-Mikity syndrome – P27.9
- P29.3 Persistent fetal circulation
- P92.1 Regurgitation and rumination of newborn – P92.9
- Q20.0 Congenital malformations of the circulatory system – Q28.9
- Q30.0 Congenital malformations of the respiratory system – Q34.9
- Q35.0 Cleft lip and cleft palate – Q37.9
- Q38.1 Ankyloglossia – Q38.3
- Q90.0 Trisomy 21, nonmosaicism – Q90.9
- Q91.0 Trisomy 18, nonmosaicism – Q91.7
- Q93.3 Deletion of short arm of chromosome 4 – Q93.7
- Q93.81 Velo-cardio-facial syndrome – Q93.9
- R63.3 Feeding difficulties
- Z64.1 Problems related to multiparity
- Rental of a breast pump is limited to one year.
- Participants are responsible for returning the equipment when they are no longer using the pump.

C) Replacement supplies are covered as follows:

- A4281 – tubing
- A4282 – adapter
- A4283 – cap for pump bottle
- A4284 – breast shield and splash protector
- A4285 – polycarbonate bottle for use with pump
- A4286 – locking ring

D) AMITA Health does not allow for the purchase of a breast pump or supplies at retail stores.

3. As long as the Participant is eligible under the plan, the above coverage is applicable in conjunction with each birth.