

**To: AmeriHealth Caritas Louisiana DME Providers**

**Date: April 1, 2019**

**Subject: Breast Pump Coverage Requirements**

**Summary:** In accordance with Louisiana Department of Health's (LDH) Health Plan Advisory 19-4, **effective April 1, 2019**, AmeriHealth Caritas Louisiana will require an Electric Breast Pump Request form for breast pump coverage.

Effective for dates of service **on or after April 1, 2019**, AmeriHealth Caritas Louisiana will require an Electric Breast Pump Request form for breast pump coverage. All durable medical equipment (DME) providers will be required to obtain the Electric Breast Pump Request form signed by the patient at the point of sale.

In addition, **effective April 1, 2019**, to be eligible for coverage, all electric breast pumps dispensed to all Medicaid recipients must meet, at a minimum, the below criteria:

- Have an adjustable suction pressure rate with either written instructions or an automatic mechanism to prevent a suction greater than 250 mm Hg;
- Be adaptable for simultaneous pumping of both breasts (double-collection);
- Automatically cycle with an adjustable variable cycling rate, typically 30 to 60 or more cycles per minute;
- Include a battery option and adapter to be used as an alternate power source when electricity is not immediately available;
- Include breast shields (flanges) that are adjustable and flexible, or flanges that are available in several different sizes if rigid, including larger sizes;
- Have all accessories necessary for pumping two breasts simultaneously for electric pumps;
- Include at least two collection bottles with spill-proof standard size caps, that are bisphenol-A (BPA) and diethylhexyl phthalate (DEHP) free; and
- Accessories and supplies must be compatible with the pump provided. Materials must be of durable quality for withstanding repeated boiling, washing and pumping use.

### What do you need to do?

The Breast Pump Request form will be located on [lamedicaid.com](http://lamedicaid.com) under Forms, Files and User Manuals. It will also be included in the DME provider manual as Appendix I. DME providers should submit the completed form with the claim for medical review.

**Questions:**

Thank you for your continued support and commitment to the care of our members. If you have questions about this communication, please contact AmeriHealth Caritas Louisiana's Provider Services department at 1-888-922-0007 or your Provider Network Management Account Executive.

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