



INFORMATIONAL LETTER NO. 2403-MC-FFS

DATE: January 20, 2023

TO: Birthing Centers, Certified Nurse Midwife, Clinics, Federal Qualified Health Centers, Hospitals, Medical Supplies, Nurse Practitioner, Other Practitioner – General, Pharmacies, Physician Assistant, Physician DO, Physician MD, Podiatrist, Public Health Agencies, Rural Health Clinics, Screening Centers

APPLIES TO: Managed Care (MC), Fee-for-Service (FFS)

FROM: Iowa Department of Health and Human Services (HHS), Iowa Medicaid

RE: Breast Pump Coverage

EFFECTIVE: August 1, 2021

This informational letter provides clarification regarding Iowa Medicaid coverage of electric and manual breast pumps.

Coverage

Medicaid offers coverage of breast pumps, including rental fees for a standard, non-medical-grade electric pump, or the purchase of a manual pump, if the member meets the following criteria:

- The breast pump is deemed medically necessary.
- The member has a physician order for the breast pump.
- The member does not have another payment source.

Iowa Medicaid will cover the cost of an electric pump rental for ten months. Once the member has rented the electric pump for ten months, the pump is considered member-owned. Iowa Medicaid will cover the full purchase price of a manual pump if a member opts to purchase one. There is no rental for manual breast pumps.

The managed care organizations (MCOs) are required to align with Iowa Medicaid for coverage of breast pumps. MCOs will transition the coverage of breast pumps from the current value-added benefit to covering pumps as durable medical equipment (DME).

Per the Iowa Medicaid [medical equipment and supply dealer provider manual](#)¹, a prescription from a physician (doctor of medicine, osteopathy, or podiatry), physician assistant, or advanced registered nurse practitioner is required to establish medical necessity. The prescription must have the:

- member's name,
- diagnosis,
- prognosis,
- item or items to be dispensed,
- length of time the item is to be required, and
- the signature of the prescriber and the signature date.

Iowa Medicaid Medical Necessity Criteria

A standard, non-medical grade manual or electric breast pump is considered medically necessary when there is documentation of ongoing breastfeeding. A breast pump for a member who has received or has access to a pump from private insurance or another source is not considered medically necessary.

Members enrolled in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) program should attempt to obtain a breast pump from the WIC provider. If a pump is not available through WIC, the member may obtain a breast pump through Medicaid. Self-verification will be accepted if the member attempts to obtain a breast pump from their WIC provider and is not able to obtain one.

Prior authorization is not required for breast pumps.

Frequency and Limitations

Members are allowed one breast pump per pregnancy.

A member is eligible for a breast pump any time after the birth of the child and with documentation to support ongoing breastfeeding.

Billing

The MCOs will not provide breast pumps as a value-added service. All pumps must be rented or purchased through a Medicaid-enrolled DME provider. Providers may bill Medicaid using code E0602 for a manual pump or E0603 for an electric pump (non-medical grade). Members may not submit claims if they purchase a breast pump on their own.

¹ <https://dhs.iowa.gov/sites/default/files/MedEquip.pdf?010320232154>

It is the DME supply dealer's responsibility to collect other insurance information and bill appropriately. If other insurance is discovered for the member after the claim has been paid, it is an MCO's responsibility to follow standard third-party liability protocol to recover the funds.

Electric and manual breast pumps have been added the [Iowa Medicaid Fee Schedule](#)².

If you have questions, please contact Iowa Medicaid Provider Services at 1-800-338-7909 or imeproviderservices@dhs.state.ia.us.

² <https://secureapp.dhs.state.ia.us/MedicaidFeeSched/X12.xml>