



Breastfeeding Support & Breast Pump Benefit Description

The Alliance is committed to supporting breastfeeding for our members. The American Academy of Pediatrics recommends breastfeeding through the first year of life, when possible. Please see the following pages for Alliance breastfeeding benefits and billing information. The listed services and equipment may be billed under either a mother or baby who is a current Alliance member. Billing limits apply to the mother/baby unit.

- **Lactation Consultant Visits** **page 1**
- **Home Health Nurse Visits** **page 1**
- **Breast Pumps & Supplies** **page 2-3**
- **Other Breastfeeding Resources** **page 3**
- **List of Approved Lactation Consultants** **page 4**

For more information about this benefit, contact the Senior Health Educator at (831) 430-5570.

Benefit	Description	Authorization	Billing Codes
Lactation Consultant Visits (consultant must be an IBCLC and pre-approved by the Alliance)			
Lactation Consultant Visit	<ul style="list-style-type: none"> • <i>Restricted to Alliance-approved providers (see page 4 for list).</i> • Provided by an International Board-Certified Lactation Consultant (IBCLC). • Addresses complex problems, such as mastitis, suppressed lactation, etc. • IBCLC does not need a Medi-Cal provider # to bill. Invoice or bill on CMS1500 or UB04 claim form (available at office supply stores). 	<p>No RAF or TAR required for 4 units per 12 month period for a total of two hours.</p> <p>Referred by doctor, mid-level, certified nurse midwife, Alliance case management, or self referral.</p>	<p>CPT: Z5023*</p> <p>ICD-9 (Choose appropriate code: 675.00–676.94, 779.31-779.34, 783.3)</p> <p>Reimbursed at \$25 per 30-minute unit.</p> <p>Limited to 2 30-minute units per visit.</p>
Home Health Agency Nurse Visits (agency must have a Medi-Cal billing number)			
Initial nurse home visit, Postpartum	<ul style="list-style-type: none"> • <i>Restricted to home health agencies only.</i> • For all births covered by the Alliance, mother may receive an initial nurse home visit after delivery. • Provided by a trained home visit nurse. • Addresses common problems. 	<p>No RAF or TAR required for 1 visit per 12 month period. Hospital or physician notifies home visit agency for initial visit.</p>	<p>CPT: Z6900 or Z6920</p> <p>ICD-9: V24.2 <i>Routine postpartum care</i></p> <p>Standard Reimbursement</p> <p>Limited to one visit.</p>
Follow-up nurse home visit for identified breastfeeding problems	<ul style="list-style-type: none"> • <i>Restricted to home health agencies only.</i> • For mothers who have never breastfed and mothers who want to breastfeed but were previously unable to nurse longer than one month. • Addresses common problems. • Provided by a trained home visit nurse (must be billed through an agency that has a Medi-Cal billing number). 	<p>No RAF or TAR required for 1 visit per 12 month period. Home visit nurse will order at initial home visit, if needed.</p>	<p>CPT: Z5021*</p> <p>ICD-9: V24.1 <i>Lactating mother, supervision of lactation.</i></p> <p>Reimbursed at \$80.</p>

* Alliance-only codes. Do not use with other insurers or with fee-for-service Medi-Cal.

Benefit	Description	Authorization	Billing Codes
Breast Pumps - Purchase, Rental & Supplies (reimbursement to contracted pharmacies, contracted medical supply vendors, or approved lactation consultants only)			
Personal Use Electric Breast Pump <u>PURCHASE</u>	<ul style="list-style-type: none"> For mothers separated from baby, certain medical conditions of baby, or if mother is returning to work or school. <p>NOTE:</p> <ul style="list-style-type: none"> Claims follow “By Report” requirements. Attach pricing/catalog page. 	<p>No Referral or Authorization Request required.</p> <p>Ordered by physician, mid-level, certified nurse midwife, or IBCLC.</p>	<p>CPT: E0603 Modifier: NU</p> <p>Reimbursed at 80% of MSRP up to a maximum of \$250.00.</p> <p>ICD-9: V24.1 or other appropriate code.</p>
Hospital Grade Electric Breast Pump <u>DAILY RENTAL</u>	<p>Per Alliance policy 404-1606 <i>Provision of Breastfeeding-Related Durable Medical Equipment (DME)</i>, daily rental of a Hospital Grade Breast Pump will be covered when medically necessary. These conditions include, but are not limited to:</p> <ul style="list-style-type: none"> Mother continues to be treated for postpartum complications that preclude direct nursing at the breast. Mother has a medical condition that requires treatment of her breast milk before infant feeding. Mother is receiving chemotherapy or other therapy with pharmaceutical agents that render her breast milk unsuitable for infant feeding. Infant continues in hospital after mother is discharged. Infant has congenital dysfunction or neonatal condition that precludes effective direct nursing at the breast (<i>physician should refer infant to California Children’s Services</i>). 	<p>Authorization Request required only if rental is to continue beyond 60 days.</p> <p>Authorization Request must include documentation of medical need, infant’s date of birth, and requested duration of rental.</p> <p>Approved Authorization Requests will specify a time limit based on medical condition.</p> <p>Ordered by physician, mid-level, certified nurse midwife, or IBCLC.</p>	<p>CPT: E0604 Modifier: RR</p> <p>Reimbursed at \$2.72 per day (incl. tax).</p> <p>ICD-9: V24.1 or other appropriate code.</p> <p>May be billed in conjunction with E0602 (see below).</p> <p>When previously paid rental charges equal the documented retail purchase price of the rented item, the item is considered to have been purchased and no further reimbursement to the provider will be made [per Title 22, Section 51321(C)].</p>
Kit for Hospital Grade Pump or Manual Breast Pump <u>PURCHASE</u>	<ul style="list-style-type: none"> Personal kit for use with rented hospital grade pump, per requirements above. May also be ordered for use with a multi-user pump borrowed from WIC. 	<p>No Referral or Authorization Request required.</p> <p>Ordered by physician, mid-level, midwife, or IBCLC.</p>	<p>CPT: E0602** Modifier: NU</p> <p>Reimbursed at retail rate plus tax if pricing attached, or at estimated amount if no pricing sent.</p> <p>Kit may be billed in conjunction with E0604.</p>

**Per Medi-Cal Manual, E0602 may be used to bill either a manual breast pump or a breast pump kit.

Breast Pumps - Purchase, Rental & Supplies (reimbursement to contracted pharmacies, contracted medical supply vendors, or approved lactation consultants only)

<p>Misc. Medical Supplies for Lactation Management and Support <u>PURCHASE</u></p>	<ul style="list-style-type: none"> • Includes nipple shields and creams. • Does not include furniture, pillows or bedding. <p>Call the Alliance Claims Department for item-specific clarification: (831) 430-5503 Monday – Friday, 9:00 a.m. – 4:00 p.m.</p>	<p>Prescribed by doctor, mid-level or midwife.</p> <p>No Referral or Authorization Request required.</p>	<p>CPT: A9900 Modifier: NU</p> <p>ICD-9: V24.1 or other appropriate code.</p> <p>Reimbursed at retail plus tax if pricing attached, or at estimated amount if no pricing sent.</p>
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Other Resources Available to Alliance Members (Bilingual English/Spanish)

Service	Description	How to Access	Fees
<p>Alliance Health Education Dept.</p>	<p>Alliance Health Education Coordinators can provide easy to read health education materials, referral information, and help accessing services.</p>	<p>Members or providers can call 430-5580 or 1-800-700-3874 x5580</p>	<p>No charge to members or providers.</p>
<p>Breastfeeding Helpline (U.S. Dept of Health & Human Services)</p>	<p>La Leche League-trained Peer Counselors offer support for successful breastfeeding. Counselors can help with common breastfeeding questions on issues ranging from latching to pumping and storage.</p>	<p>1-800-994-9662 TDD: 1-888-220-5446 www.womenshealth.gov</p>	<p>No charge to the public.</p>
<p>Comprehensive Perinatal Services Program (CPSP) Breastfeeding Services (Medi-Cal Members Only)</p>	<ul style="list-style-type: none"> • Approved Comprehensive Perinatal Services Program (CPSP) providers offer breastfeeding education, nutritional education, support and referrals <i>for Medi-Cal members only</i>. • Services are provided in the antepartum and postpartum period. • Services are billed with specific CPSP codes. Providers must be set up in the Alliance system as CPSP providers in order to be reimbursed for these codes. 	<p>County Perinatal Services Coordinators:</p> <p>Santa Cruz County 831-454-5477</p> <p>Monterey County 831-755-4640</p> <p>Merced County 209-381-1142</p>	<p>No charge, but members must qualify. Services are billed under CPSP perinatal education, nutrition, psychosocial, and health education billing codes.</p>
<p>Women, Infants and Children (WIC) Program Breastfeeding Services</p>	<ul style="list-style-type: none"> • WIC serves pregnant or breastfeeding women, and children up to age 5. • Alliance Medi-Cal members automatically qualify for WIC. Other members may qualify, depending on income. • WIC provides breastfeeding classes during/after pregnancy and other support services (including breast pump loans and counseling). • Women get more WIC benefits if breastfeeding. 	<p>Mothers should call WIC directly for enrollment information:</p> <p>Santa Cruz County 831-426-3911 (Santa Cruz) 831-722-7121 (Watsonville)</p> <p>Monterey County 831-393-3251 (Seaside) 831-796-2888 (Salinas) 831-678-5121 (Soledad) 831-386-6879 (King City)</p> <p>Merced County 1-888-381-5261</p>	<p>No charge, but members must qualify. WIC requires physician visit/assessment for enrollment.</p>

