



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

<i>Benefit</i>	<i>Description</i>	<i>Authorization</i>	<i>Billing Codes</i>
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). 	No RAF or TAR required for 4 units per 12 month period for a total of two hours. Referred by doctor, mid-level, midwife, Alliance case management, or self referral.	CPT: Z5023* ICD-9 (Choose appropriate code: 675.00–676.94, 779.31-779.34, 783.3) Reimbursed at \$25 per 30-minute unit. Limit 2 units per visit.
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. 	No RAF or TAR required for 1 visit per 12 month period. Hospital or physician notifies home visit agency for initial visit.	CPT: Z6900 or Z6920 ICD-9: V24.2 <i>Routine postpartum care</i>
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). 	No RAF or TAR required for 1 visit per 12 month period. Home visit nurse will order at initial home visit.	CPT: Z5021* ICD-9: V24.1 <i>Lactating mother, supervision of lactation.</i> Reimbursed at \$80.

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

<i>Benefit</i>	<i>Description</i>	<i>Authorization</i>	<i>Billing Codes</i>
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 RAF or TAR required.</p> <p>Ordered by physician, mid-level, 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>	<ul style="list-style-type: none"> Per Medi-Cal Policy Statement No. 2003-04, hospital-grade pump shall be authorized when direct nursing at the breast is not established during the neonatal period (0 to 28 days) and physician documents one of the following medical conditions: <ul style="list-style-type: none"> Mother continues to be treated for postpartum complications that preclude direct nursing at the breast. Infant continues in hospital after mother is discharged. Infant has congenital dysfunction or neonatal condition that precludes effective direct nursing at the breast. (Physician should refer infant to California Children’s Services.) Authorization will be considered if direct nursing at the breast is established but interrupted due to mother’s medical treatment or infant hospitalization. TAR must include physician prescription documenting medical need, infant’s date of birth, and requested duration of rental. Approved TARs will specify a specified time limit based on medical condition. 	<p>TAR required.</p> <p>Prescribed by physician only.</p> <p>Submit TAR prior to dispensing, when possible.</p> <p>Retroactive TARs received later than 3 business days after date dispensed may risk denial.</p> <p>No RAF needed.</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 for kit.</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"> Purchase of personal kit for use with rented hospital grade pump, per requirements above. <p>OR:</p> <ul style="list-style-type: none"> Manual breast pump purchase for mothers separated from baby at birth, certain medical conditions of baby, or if mother is returning to work or school. 	<p>No RAF or TAR 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>

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

Misc. Medical Supplies for Lactation Management and Support	<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 RAF or TAR 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)

<i>Service</i>	<i>Description</i>	<i>How to Access</i>	<i>Fees</i>
Alliance Health Education Dept.	Alliance Health Programs Coordinators can provide easy to read health education materials, referral information, and help accessing services.	Members or providers can call 430-5580 or 1-800-700-3874 x5580	No charge to members.
Breastfeeding Helpline (U.S. Dept of Health & Human Services)	La Leche League-trained Peer Counselors offer support for successful breastfeeding. They can help with common breastfeeding questions on issues ranging from latching to pumping and storage.	1-800-994-9662	No charge to the public.
Comprehensive Perinatal Services Program (CPSP) Breastfeeding Services	<ul style="list-style-type: none"> • Approved Comprehensive Perinatal Services Program (CPSP) providers offer breastfeeding education, support and referrals. • Services can be provided in the antepartum and postpartum period. • CPSP benefits are available to members seeing a CPSP provider for prenatal care. 	<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>	No charge, but members must qualify. Services are billed under CPSP perinatal education, nutrition, psychosocial, and health education billing codes.
Women, Infants and Children (WIC) Program Breastfeeding Services	<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>	No charge, but members must qualify. WIC requires physician visit/assessment for enrollment.

