
To: AmeriHealth Caritas Louisiana Providers

Date: April 1, 2024

Subject: [Informational Bulletin 24-7](#): LDH Breast Pump Coverage Changes Effective March 1, 2024

Informational Bulletins that summarize policies and procedures are intended for quick reference and are accurate on the date they are issued.

LDH Breast Pump Coverage Changes Effective March 1, 2024

Effective for dates of service on or after **March 1, 2024**, Medicaid will implement several changes to the coverage of breast pumps, including the addition of a **new** Electric Breast Pump Request Form. In addition, coverage will be extended to allow electric breast pumps to be received by expectant mothers at 32 weeks gestational age, who meet the criteria and intend to breastfeed their infant.

Required documentation changes for electric breast pumps are outlined in **bold** below:

- A prescription from the prescribing physician for the electric pump;
- **Documentation of education/training on breastfeeding by the prescribing physician, licensed breastfeeding practitioner, or healthcare professional;**
- Documentation that Louisiana Medicaid has not purchased a breast pump within the past three years for the same delivery; and
- A completed Electric Breast Pump Request Form **signed by the prescribing physician** and the mother or her authorized representative.

NOTE: Single, manual and hospital-grade breast pumps are still not covered.

What do you need to do?

The new Electric Breast Pump Request Form is fillable via PDF download and is located on https://www.lamedicaid.com/Provweb1/Forms/Electric_Breast_Pump_Request_Form_and_Instructions.pdf.

The form is attached and will be available on ACLA's website under Forms:

<https://www.amerhealthcaritasla.com/provider/resources/forms/index.aspx>.

Durable Medical Equipment providers should submit the completed form with the claim for medical review.

For additional details, please review [IB 24-7](#).

Questions regarding this message should be directed to AmeriHealth Caritas Louisiana Provider Services at 1-888-922-0007 or your [Provider Network Management Account Executive](#). The Provider Services Department can be reached between 7:00 am and 7:00 pm daily.

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Need to update your provider information? Send full details to network@amerihealthcaritasla.com.

Electric Breast Pump Request Form

The completed form must be submitted to Gainwell Technologies or the Healthy Louisiana Plan along with the claim for retrospective review.

SECTION I: Patient Identifying Information

Please print all recipient information below.

***Denotes a required field**

Member's name (mother):*	Gestational Age:*
Member's Medicaid ID (mother):*	Member's phone number:*
Member's residential address:*	
City, State:*	ZIP code:

Section II Breastfeeding Education Attestation and Prescription

I attest as the prescribing physician for patient, _____, that on _____, the patient was educated on breastfeeding. This education included but was not limited to the benefits of breastfeeding, the requirements for successful breastfeeding, as well as, addressing the patient's questions about breastfeeding an infant. The patient has verbally confirmed to me her intent to breastfeed following the birth of the infant.

The below supplies will be medically necessary to assist this patient with breastfeeding an infant and, therefore, are being prescribed as indicated below:

- Double Electric Breast pump
- Breast Milk Storage Bags
- Breast Pump Supplies

Physician's Signature: _____ Date: _____

Section III Patient's Attestation

By signing this form, I attest that I have not received a breast pump from the Office of Public Health (OPH) WIC program for the pregnancy referenced above. I understand that getting a breast pump from both the OPH WIC program and the Medicaid Durable Medical Equipment program would be a duplication of services.

Patient's Signature: _____

Date: _____



**LOUISIANA DEPARTMENT OF
HEALTH MEDICAID
PROGRAM**

Electric Breast Pump Request Form Checklist

SECTION I

- Enter the mother's full name, Medicaid identification number, the gestational age of the fetus, phone number, and residential address.

SECTION II

- Enter the patient's name and the date that breastfeeding education was conducted on the blanks provided.
- Place a check next to the supplies prescribed by the physician and have the physician sign and date.

SECTION III

The patient must read the attestation regarding duplication of Medicaid services. After reading the attestation, the patient must sign and date the form before receipt of the double breast pump.

NOTE: If a breast pump has already been provided through the WIC program, the patient is not eligible for another breast pump and, therefore, must not sign the attestation section.

This form should be given to the provider to accompany the claim for retrospective review.