



Breastfeeding Support and Breast Pump Benefit

Clinical Health Education Benefit



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.

For more information about this benefit, please contact the Alliance Health Education line at 800-700-3874, ext. 5580.

BENEFIT	DESCRIPTION	AUTHORIZATION	BILLING CODES
Lactation Consultant Visit	<ul style="list-style-type: none"> Restricted to Alliance-approved providers (see page 5 for list). 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 (2) hours.</p> <p>Referred by doctor, mid-level, certified nurse midwife, Alliance staff, or self-referral.</p>	<p>CPT: Z5023* with a qualifying ICD-10 diagnoses code from categories O91, O92, P92, Z39 or Dx Code R63.3</p> <p>Reimbursed at \$45.74 per 30-minute unit. Limited to 2, 30-minute units per visit.</p>
Initial nurse home visit, Postpartum	<ul style="list-style-type: none"> Restricted to home health agencies only with a Medi-Cal Billing number. For all births covered by the Alliance, mother may receive an initial nurse home visit after delivery. Addresses common problems. Provided by a trained home visit nurse. Direct skilled nursing services by a licensed nurse (LPN or RN) in the home health or hospice setting, each 15 minutes. Follow up of early OB discharge. For OB service not a typical Home Health Services. 	<p>A TAR is required, 1 visit per day, except when services are in conjunction with the initial or six-month case evaluation. Includes supplies used as part of the treatment visit.</p> <p>No limit on the number of daily visits.</p> <p>No TAR is required, 1 service day limit.</p>	<p>National HCPCS code G0300 must be billed with revenue code 0551, Skilled Nursing/Visit Standard Reimbursement at \$74.86.</p> <p>National CPT-4 code 99501- Home visit for postnatal assessment and follow-up care or 99502 - Home visit for newborn care and assessment must be billed with revenue code 0580.</p> <p>Standard Reimbursement at \$74.86.</p>
Follow-up nurse home visit for identified breastfeeding problems	<ul style="list-style-type: none"> Restricted to home health agencies only with a Medi-Cal Billing number. 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. 	<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* with a qualifying ICD-10.</p> <p>Dx Code Z39.1. Reimbursed at \$80.</p>
Personal Use of Breast Pump PURCHASE	<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. The Alliance will cover any type of breast 	<p>No Referral or Authorization Request required.*</p> <p>Ordered by physician, mid-level, certified nurse midwife, or IBCLC.</p>	<p>CPT: E0603 with a qualifying ICD-10 dx code Z39.1</p> <p>Modifier: NU</p> <p>Reimbursement at 80% of MSRP or up to \$250.00,</p>



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	<p>pump not just the lowest cost item.</p> <ul style="list-style-type: none"> IBCLC's do not need a Medi-Cal provider number to bill for the Alliance breastfeeding support benefits 	Reimbursement to contracted pharmacies, contracted medical supply vendors or approved lactation consultants only.	whichever is less.
<p>Hospital Grade Electric Breast Pump</p> <p>DAILY RENTAL</p>	<p>Per Alliance policy 405-2214 - Breastfeeding Support Benefits, Standards and Promotion Program, 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 with a qualifying ICD-10 Dx Code Z39.1.</p> <p>Modifier: RR.</p> <p>Reimbursed at \$2.72 per day (incl. tax). 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>
<p>Kit for Hospital Grade Pump or Manual Breast Pump</p> <p>PURCHASE</p>	<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** with a qualifying ICD-10 Dx Code Z39.1.</p> <p>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>
<p>Misc. Medical Supplies for Lactation Management and Support</p> <p>PURCHASE</p> <p>Replacement Breast Pump Supplies for Lactation Management and Support</p> <p>PURCHASE</p>	<p>Includes:</p> <ul style="list-style-type: none"> Nipple shields and creams. <p>Does not include furniture, pillows or bedding.</p> <p>Includes:</p> <ul style="list-style-type: none"> Tubing for breast pump. Adapter for breast pump. Breast pump bottle and cap. Breast shield, splash protector, and locking ring for use with breast pump. Polycarbonate bottle for use with breast pump. 	<p>Prescribed by doctor, mid-level or midwife.</p> <p>No Referral or Authorization Request required for these supplies.</p> <p>A TAR must be submitted justifying the need for any breast pump supply that needs to be replaced and may not be reimbursed when provided within the same month of service as breast pump codes E0602 and E0603.</p>	<p>CPT: A9900 with a qualifying ICD-10 Dx Code Z39.1.</p> <p>Modifier: NU.</p> <p>Reimbursed at retail plus tax if pricing attached, or at estimated amount if no pricing sent.</p> <p>CPT: A4281, A4282, A4283, A4284, A4285 and A4286 with a qualifying ICD-10 dx code Z39.1.</p> <p>Modifier: NU.</p> <p>Reimbursed at retail plus tax if pricing attached, or at estimated amount if no pricing sent.</p>



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*Alliance members are eligible for one personal use breast pump every three years. If there is a need for a second breast pump during the three-year period, an Authorization Request must be submitted with documentation stating the reason that the original pump cannot be used. **Per Medi-Cal Manual, E0602 may be used to bill either a manual breast pump or a breast pump kit.

*For a current list of approved providers, please refer to the International Board Certified Lactation Consultant and Breast Pump Provider Vendor List. Those interested in becoming an approved provider for IBCLC service or breast pump vendor, please call the Alliance Health Education Line at 1 (800) 700-3874 x 5580 to apply.

Other Resources Available to Alliance Members (Bilingual English/Spanish)			
SERVICE	DESCRIPTION	HOW TO ACCESS	FEES
Alliance Health Education Line	Alliance Health Education Coordinators can provide easy to read health education materials, referral information and help accessing services.	Members or providers can call 831-430-5580.	
Breastfeeding Helpline (U.S. Dept of Health & Human Services)	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.	800-994-9662	
Comprehensive Perinatal Services Program (CPSP) Breastfeeding Services	<ul style="list-style-type: none"> Approved Comprehensive Perinatal Services Program (CPSP) providers offer breastfeeding education, nutrition education, support and referrals for Medi-Cal members only. 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.	County Perinatal Services Coordinators: Santa Cruz County 831-454-5477 Monterey County 831-755-4640 Merced County 209-381-1142	No charge, but members must qualify. Services are billed under CPSP perinatal education, nutrition, psychosocial and health education billing codes. Medi-Cal members only.
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. 	Mothers should call WIC directly for enrollment: Santa Cruz County 831-426-3911- Santa Cruz 831-722-7121- Watsonville Monterey County 831-393-3251- Seaside 831-796-2888 - Salinas 831-678-5121 - Soledad Merced County 888-381-5261	No charge, but members must qualify.

Providers must confirm patient eligibility prior to providing services by calling the Automated Eligibility Verification Line at 831-430-5501 (24 hours).

- Eligibility is established monthly. Please confirm eligibility at time of service.
- Breastfeeding services and supplies may be billed under an eligible mom or eligible baby member. Please note that professional services, rental, supplies and DME items cannot be billed to Medi-Cal for an amount greater than what is charged to the general public, per Title XXII.
- If education is conducted as a home visit, bill only for education time. Travel time and expenses are not reimbursable.
- For billing questions, call the Alliance Claims Department at (831) 430-5503 or your Provider Services Representative at (831) 430-5504.

Providers listed above may use the Alliance's telephone interpreter service to communicate with Alliance members who have Limited English Proficiency. Download the [Interpreter Services Quick Reference Guide](#) or request one from your Provider Services Representative by calling 831-430-5504.