

This drafted policy is open for a two-week public comment period. This box is not part of the drafted policy language itself, and is intended for use only during the comment period as a means to provide readers with a summarized list of what has changed.

The following is a list of incorporated changes to the policy language:

- Described minimum equipment and kit specifications for breast pumps
- Explained medical necessity criteria for each recommended pump type
- Expanded language regarding replacement pumps and parts
- Added independent lactation consultation services as a new benefit
- Renamed the policy from Breast Pumps to Breastfeeding Support Services
- Changed prior authorization requirements for equipment and parts
- Changed documentation requirements, timeframes, limitations and frequency of benefit
- Identified the infant as the billable client for all Breastfeeding Support Services
- Clarified language for pump issuance regarding Medicaid and WIC

Note: The current language regarding breast pumps can be found in the Texas Medicaid Provider Procedures Manual (TMPPM), Vol 2: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook, Sections 2.2.8 - 2.2.8.1.

Texas Medicaid

---

## Breastfeeding Support Services

### Statement of Benefits

- 1 A breast pump is a benefit through Title XIX Home Health Services. A breast pump may be obtained under an eligible infant Medicaid client number.
- 2 Breast pumps facilitate an infant's ability to receive mother's own breast milk when it would be difficult to do so without equipment.
- 3 Lactation consultation services may be a benefit of Texas Medicaid for breastfeeding infants and must be billed under the eligible infant's Medicaid client number.
- 4 Lactation consultation services provide techniques, methods, strategies, clinical education and management for optimal breastfeeding practices, as well as instruction on proper breast pump equipment use, maintenance, and milk storage.

**NOTE:** Medicaid providers should supply breast pump equipment to qualifying clients. If denied, mothers should be informed that breast pumps may be available through the Special Supplemental Nutrition Program for Women, Infant, and Children (WIC), contingent upon WIC's issuance criteria.

## Policy Overview/Scope

- 5 The American Academy of Pediatrics (AAP) recommends that infants exclusively breastfeed for the first six months and continue to breastfeed through 12 months of age.
- 6 Breast milk provides unsurpassed nutrition and immune protections, influencing the growth and development of infants, and is a significant primary prevention strategy for improving infant health outcomes.
- 7 Breastfeeding is encouraged as a means to prevent various illnesses and conditions and to promote the health and wellness of mothers and infants. In some circumstances, breast pumps and lactation counseling may be necessary for breastfeeding and lactation management.
- 8 Breastfeeding reduces the infant's risk for illness, including ear infections, gastrointestinal and bacterial infections, respiratory infections, asthma, diabetes, obesity, and leukemia; and reduces the premature infant's risk of necrotizing enterocolitis. Breastfeeding also reduces the mother's risk of developing breast and ovarian cancers, diabetes, and cardiovascular disease; and with proper breastfeeding support and management, may also be protective against post-partum depression.
- 9 Infant health can be directly impacted by the ability of the infant's mother to provide her own breastmilk. Therefore, it is beneficial to enhance the opportunities for infants to receive their mother's milk through the use of equipment when needed, or through lactation consultation services for breastfeeding management.
- 10 The American Academy of Pediatrics (AAP) and the Centers for Disease Control and Prevention (CDC) advise that mothers who are infected with human immunodeficiency virus (HIV), Human T-lymphotropic virus (HTLV)-1, and HTLV-2 infection should not breastfeed as the virus may be passed to their infant.
- 11 This policy addresses breast pump equipment provided by durable medical equipment suppliers and medical supply companies in the home setting.
- 12 This policy also addresses lactation counseling services provided by professionals who are International Board Certified Lactation Consultants (IBCLCs), practicing as, or under the management of, physicians, nurses, or social workers, in the office and home settings.

## Breast Pump Specifications

- 13 A personal-use breast pump is for use by only one individual. Personal-use pumps are not to be shared, or used by anyone other than the original owner. Use by more than one individual may pose a risk of cross-contamination, may result in infection or illness of mother and infant, and may void the equipment warranty.
- 14 A manual or electrical (AC and/or DC) personal-use breast pump may be considered for purchase only.
- 15 A breast pump kit is required and included in the purchase of a breast pump.
  - 15.1 Manual breast pumps are designed to create adjustable suction with a minimum use of one hand for smooth-action handle-squeezing. A manual personal-use pump must have an independent milk collection bottle. The pump cylinder must not be the milk-collecting container.
  - 15.2 Electrical personal-use breast pumps must be adaptable for simultaneous pumping of

both breasts (double-collection). Electric pumps must have an adjustable suction pressure range necessary for preventing nipple trauma and must automatically cycle with an adjustable variable cycling rate, typically 30 to 60 or more cycles per minute.

- 15.2.1** Electrical personal-use pumps must also include a battery option and adapter to be used as an alternate power source when electricity is not immediately available.

**NOTE:** Personal-use single-collection electric pumps cannot simultaneously pump both breasts. Single-collection pumps are **not** recommended; they are neither effective in maintaining a long-term milk supply nor efficient when pumping during short periods such as work breaks. Therefore, double-collection breast pumps are the standard personal-use electric pump recommended by Texas Medicaid for breastfeeding infants and mothers.

- 16** A multiple-user electric breast pump is also known as a hospital-grade electric breast pump. Hospital-grade electric breast pumps are designed for repeated uses throughout the pump's lifetime, by more than one woman and infant. The risk of cross-contamination is eliminated via a closed system. Pumped breast milk must not reach the motor. Hospital grade pumps are durable, heavy-duty breast pumps.
- 17** A hospital-grade breast pump may be considered for rental only.
- 18** A breast pump kit is required and included in the rental of a hospital-grade pump.
- 19** Hospital-grade pumps must be adaptable for simultaneous pumping of both breasts with an adjustable suction for preventing nipple trauma. Hospital-grade pumps must automatically cycle with adjustable or variable cycling that closely mimics the suckling action of an infant, typically a rate of 30 to 60 or more cycles per minute.
  - 19.2** Hospital-grade pumps must be electrical (AC and/or DC) with a piston-driven motor, and also include an adapter to be used as an alternate power source when electricity is not immediately available.
  - 19.3** The pump must not allow milk to contact the housing unit or internal pump-motor at any time when the multiple-user pump is used per manufacturer's instructions.
- 20** All breast pumps, for purchase or rent, must also adhere to the following specifications:
  - 20.1** Comply, be registered and cleared, with the Federal Drug Administration (FDA)
  - 20.2** Allow for pumping sessions to be efficiently completed within 30 minutes
  - 20.3** Be adaptable for several sizes of breast shields (flanges), including larger sizes, so as to accommodate different sizes of breasts and nipples
  - 20.4** Have an adjustable and wide-range of suction pressure at the breast shield during use, typically from 30 millimeters of mercury up to 250 millimeters of mercury (mm Hg)
  - 20.5** Have a mechanism or written guidelines to prevent or instruct the user from achieving a vacuum level over 250 mm Hg
  - 20.6** Be portable

## Breast Pump Kits

- 21** A breast pump kit is included in the purchase or rental of a breast pump (procedure code

E0602, E0603, or E0604), and is not separately reimbursed.

- 22** Pump kits, which are specific to each breast pump manufacturer's requirements, provide the necessary supplies and accessories to allow expression of breast milk.
- 23** Kits should include:
- 23.2** Breast shields (flanges) that are adjustable and flexible, or flanges that are available in several different sizes if rigid, including larger sizes.
  - 23.3** All accessories necessary for pumping two breasts simultaneously for electric pumps, or at least one breast manually for manual handle-squeeze pumps
  - 23.4** All parts necessary to easily convert an electric pump to a manual pump (e.g. piston cylinder assembly and pump connector; manual pump adapter; conversion kit)
  - 23.5** At least two extra sets of membrane and valve replacements
  - 23.6** At least one extra diaphragm replacement for closed-system pumps
  - 23.7** At least two collection bottles with spill-proof standard size caps, that are bisphenol-A (BPA) and DEHP-free
  - 23.8** Accessories and supplies must be compatible with the pump provided. Materials must be of durable quality for withstanding repeated boiling, washing, and pumping use.

## **Replacement Breast Pump Equipment and Parts**

- 24** Replacement of a purchased personal-use breast pump (E0602, E0603), or any breast pump parts listed in Table A (A4281, A4282, A4283, A4284, A4285, A4286), will be considered when loss or irreparable damage has occurred, for up to 12 months from the date of the personal-use breast pump purchase, and may require documentation.
- 24.1** Replacement of a purchased personal-use breast pump (E0602, E0603) requires additional documentation and authorization as outlined in this policy.
  - 24.2** Replacement parts listed in Table A (A4281, A4282, A4283, A4284, A4285, A4286), may be reimbursed up to a maximum of 2 times each within 12 months from the date of purchase.
  - 24.3** Replacement parts listed in Table A (A4281, A4282, A4283, A4284, A4285, A4286), may also be reimbursed with documentation of a client-owned device, not purchased by Texas Medicaid, for up to a maximum of 2 times each within 12 months from the date of pump purchase.
  - 24.4** All replacement parts must be billed using the RB modifier.
  - 24.5** Exceeding the limitation for replacement parts requires prior authorization as outlined in this policy.
  - 24.6** Claims for replacement parts will not be reimbursed when billed on the same day as the purchase of breast pump equipment.
- 25** Replacement parts for rented breast pumps (E0604), as well as routine servicing and all necessary repairs to ensure the unit remains functional, is included in the rental of the pump and is the responsibility of the DME supplier.

## Medical Necessity Criteria for Breast Pumps

### Manual Breast Pumps

**26** Manual breast pumps (E0602) are personal-use, hand-operated, handle-squeeze pumps.

**NOTE:** Manual breast pumps are **not** recommended for pumping on a regular basis, or for attempting to establish a milk supply.

**27** Manual breast pumps are appropriate for short-term or occasional uses related to, but not limited, to any of the following:

- 27.1** Infrequent separation from infants; such as mothers who work or go to school part-time for less than 10 hours per week, and who do not meet criteria for electric or hospital-grade pumps.
- 27.2** Resolving brief uncomplicated periods of plugged duct
- 27.3** Short-term concerns of mild engorgement
- 27.4** Flat, retracted or inverted nipples, and does not meet the criteria for electric or hospital-grade pumps.
- 27.5** Cracked or fissured nipples, and does not meet the criteria for electric or hospital-grade pumps.

### Personal-Use Electric Breast Pumps

**28** Electric Breast Pumps (E0603) have a motor and are electrically (AC and/or DC) operated. Personal-use double-collection electric breast pumps are recommended for their functionality and efficiency; they allow expression of breast milk from both breasts simultaneously.

**29** Personal use double-collection electric breast pumps are for mothers and infants who are breastfeeding with limited, minor, or no complications. Personal-use double-collection electric breast pumps are recommended for pumping and maintaining a milk supply related to, but not limited to, any of the following:

- 29.1** Regular separation from infants; such as mothers returning to work or school for 10 or more hours per week
- 29.2** Infants detained in the hospital, who do not meet the criteria for a multiple-user electric breast pump
- 29.3** Significant breast engorgement
- 29.4** Breast abscess
- 29.5** Mastitis
- 29.6** If the mother is to receive short-term treatment with medication or therapies that may be transmitted through breast milk, but she wishes to maintain her milk supply by pumping and discarding her milk in the interim

## Multiple-User Hospital-Grade Electric Breast Pumps

- 30** Multiple-user, hospital-grade electric breast pumps (E0604) are heavy-duty, durable, closed-system pumps designed to be loaned multiple times throughout the pump's lifespan.

**NOTE:** A closed-system pump requires a personal-use milk collection pump kit, included in the rental, but to be kept by the individual--not for return with the pump.

- 31** Multiple-user, hospital-grade electric breast pumps are recommended for moderate to significant breastfeeding complications. Hospital-grade electric breast pumps are recommended for pumping related to, but not limited to, any of the following:
- 31.1** Infants who cannot suck well, or have an uncoordinated swallow/suck reflex, due to respiratory disease or congenital disorder
  - 31.2** Infants diagnosed with failure to thrive, cardiac problems, or other special needs
  - 31.3** Infants who are chronically ill
  - 31.4** Infants of low birth-weight with increased nutritional needs
  - 31.5** Infants with severe feeding or digestive problems as described by the provider in documentation
  - 31.6** Prematurity (less than 37 weeks gestation)
  - 31.7** Multiple births (e.g. twins, triplets, etc.)
  - 31.8** Long-term separation of mother and infant due to hospitalization
  - 31.9** Mothers experiencing conditions affecting their milk production, or low-milk supply, as described in documentation by the prescribing provider familiar with the client
  - 31.10** Mothers needing to induce lactation for establishing their milk supply, but are unable to do so without a hospital-grade breast pump

## Lactation Consultation Services

- 32** Breastfeeding support services include lactation consultation as a means to initiate, support, clinically manage, and establish breastfeeding between mother and infant. Lactation counseling services may also include training and education for effective breast pump use and proper milk storage.
- 33** Lactation counseling (S9443) must be provided by a professional familiar with breastfeeding and lactation consultation, who is also credentialed by the International Board of Lactation Consultant Examiners (IBLCE) as an International Board Certified Lactation Consultant (IBCLC), and practicing as a direct care provider (e.g. Physician Assistant, Certified Nurse Midwife, Nurse Practitioner, Licensed Clinical Social Worker), or under the management of a direct care provider.
- 33.1** Physicians may only bill for services provided by an IBCLC under their management, they may not bill separately (code S9443) for themselves.
- 34** Up to three individual lactation counseling sessions in the home or office setting, per infant, are a benefit of Texas Medicaid, without prior authorization.
- 35** Lactation counseling services are available to support and assist any eligible infant who is breastfeeding.
- 35.1** Lactation counseling services are **not** contingent upon breast-pump equipment

use.

- 36 Participants are eligible for lactation counseling sessions during the 12-month period immediately following birth.
- 37 Lactation counseling sessions are eligible for separate reimbursement when it is the only service provided during the visit, and is billable only under the eligible infant's Medicaid number.

**NOTE:** Lactation support services provided during the inpatient maternity stay are covered as part of the inpatient stay. Lactation support services provided during outpatient antenatal or postnatal visits are covered as part of that primary service.

- 38 Lactation counseling must be provided by the IBCLC in a face-to-face encounter with the mother and infant present, lasting a minimum of 30 minutes, and requires documentation.
- 39 When an IBCLC is not available under the management of the client's direct care provider, the provider may refer the client to an IBCLC who qualifies for reimbursement from Texas Medicaid as outlined in this policy and who is enrolled in Texas Medicaid.
- 40 Exceeding the lactation counseling visit limitation may be considered for reimbursement when the direct care provider submits a prior authorization request with documented medical necessity as outlined in this policy.

## Authorization Requirements

### Breast Pumps and Replacements Prior Authorization Information

- 41 Prior authorization **is not** required for the purchase of a manual or electric personal-use breast pump, within 12 months from the date of birth.
- 42 Prior authorization **is required** for the replacement of a manual or electric personal-use breast pump due to damage or loss, within 12 months from the purchase date.
- 43 Prior authorization **is not** required for up to two replacements of each part for a purchased breast pump, within 12 months from the purchase date.
  - 43.1 The RB modifier is required for reimbursement of replacement parts.
  - 43.2 Exceeding the limitations outlined for replacement parts requires prior authorization with appropriate documentation of need.
- 44 Prior authorization **is not** required for the initial 60-day rental of a multiple-user hospital grade breast pump.
- 45 Prior authorization **is required** for every 90-day rental period that follows the initial 60-day rental of a multiple-user hospital grade breast pump.
  - 45.1 Following the initial 60-day rental, hospital-grade breast pumps are available for prior authorized rental in 90-day increments only.
  - 45.2 Up to a maximum of three prior-authorized 90-day rentals are allowed within the 12 months following birth.
- 46 Use of a hospital-grade breast pump may be covered when the use of a hospital-grade breast pump is determined to be medically necessary and appropriate, as documented by the provider.
- 47 Prior authorization requests must include the following:

- 47.1 A completed Title XIX Home Health Durable Medical Equipment (DME)/Medical Supplies Physician Order Form prescribing the durable medical equipment must be signed and dated by the prescribing provider familiar with the client.
- 47.2 The prescribing provider must provide correct and complete information on the form, including accurate medical necessity of the equipment requested.
- 47.3 To complete the prior authorization process, the DME provider must submit the completed Title XIX Home Health Durable Medical Equipment (DME)/Medical Supplies Physician Order Form to the THMP Home Health Unit.
- 47.4 Requests for replacement parts exceeding the limitations outlined in policy may be considered with documentation included under "if applicable" in section B on the Title XIX form:
  - 47.4.1 The provider must attest that the mother continues to use the equipment for breastfeeding, and must indicate that the requested part is damaged or lost and affecting the function of the pump.
- 47.5 Requests for the replacement of a Texas Medicaid purchased personal-use pump (E0602, E0603) must include additional documentation:
  - 47.5.1 A statement from the provider describing the loss or damage and what measures will be taken to prevent reoccurrence, along with a copy of the police or fire report when appropriate, must be submitted with the authorization request and maintained in the client's medical record when requesting a replacement breast pump.

**NOTE:** HHSC or its designee reserves the right to request additional documentation about the need for replacement when there is evidence of abuse or neglect to equipment by the client, client's family, or caregiver. Requests for replacement when there is documented proof of abuse or neglect will not be authorized.

#### Lactation Consultation Services Prior Authorization Information

- 48 Prior authorization **is not** required for up to three lactation consultation visits within 12 months from the date of birth.
- 49 Exceeding the visit limitations outlined in policy for lactation consultation requires prior authorization with additional documentation.
  - 49.1 A Special Medical Prior Authorization (SMPA) Request Form must be completed, signed, dated and submitted by the client's direct care provider.
  - 49.2 On the provider's letterhead, dated and signed by the provider, the provider must describe the expected number of additional lactation counseling sessions needed, and the medical necessity for exceeding the policy limitation.
    - 49.2.1 Medical necessity for exceeding the three visit limit outlined in policy for lactation counseling may include, but is not limited to:
      - 49.2.1.1 Breastfeeding complications requiring lactation management due to ineffective latching or sucking, or low-milk supply
      - 49.2.1.2 Infants who are high-risk, have chronic conditions, or special needs (e.g. Down Syndrome, cleft palate/lip, respiratory or cardiac conditions) and who require extended breastfeeding management support
  - 49.3 Up to three additional lactation counseling sessions may be prior authorized.

- 49.4** Any requests in excess of three additional lactation consultation visits will require review by the Medical Director on a case-by-case basis.

## Reimbursement/Billing Guidelines

### Breastfeeding Support Services Reimbursement Information

- 50** The following procedure codes may be reimbursed for breastfeeding support services:

**Table A: Procedure Codes for Breastfeeding Support Services**

Service Category	Procedure Codes	Additional Information
DME Purchase – Breast Pump	E0602, E0603	Manual or Electric for purchase only; No prior authorization
DME Rental – Breast Pump	E0604	Hospital-Grade for rental only; No prior authorization for initial 60-day rental; Prior authorization required for subsequent 90-day rentals (up to a maximum of 3)
Breast Pump Replacement Parts	A4281; A4282; A4283; A4284; A4285; A4286	Only for consideration when a pump is purchased; Up to 2 replacements for each part; Requires the RB modifier (see Table B) for reimbursement; Prior Authorization is required for requests exceeding the limits outlined in policy
Lactation Consultation	S9443	No prior authorization for up to 3 visits following birth; Prior Authorization is required for requests exceeding the limits outlined in policy

**Table B: Modifiers for Breastfeeding Support Services**

Modifier	Additional Information
RB	RB denotes the replacement of a part for durable medical equipment and must be used when submitting claims for any breast pump parts listed in Table A.

### **Breast Pump Equipment, Replacement and Replacement Parts**

- 51** Reimbursement is for purchase or rental, with documented medical necessity and prior authorization when appropriate, as outlined in this policy.
- 51.1** The rental or purchase of a breast pump, as well as any replacements or replacement parts, must be billed using only the infant's Medicaid identification number.
- 51.2** Purchase of a personal-use breast pump, either manual (E0602) or electric (E0603), is allowed once in the rolling year following birth.
- 52** Clients who no longer qualify for the continued rental of a hospital-grade breast pump may still qualify for the purchase of a breast pump as outlined in this policy.
- 53** Medicaid will not purchase a manual breast pump during the rental of a hospital-grade pump or

if a personal-use electric pump was already purchased within the frequency limitations outlined in this policy.

- 54** Medicaid will not purchase a personal-use electric pump during the rental of a hospital-grade pump.
- 55** If more than one type of breast pump is billed on the same day by the same provider, only one will be reimbursed.
- 56** If an infant with medical necessity requires the extended rental of a hospital-grade breast pump, beyond the limitations described in policy, reimbursement upon appeal may be considered with documentation. The prescribing provider familiar with the client must describe pumping as the mother's primary method for expressing her breastmilk, and must include a statement that clearly describes the infant's medical necessity. Such conditions may include:
- 56.1** Short-bowel syndrome
  - 56.2** Severe malabsorption syndromes
  - 56.3** Severe feeding intolerances or immunological deficiencies
- 57** A hospital-grade pump will be considered purchased and owned by the client when the monthly payments for rental, through the same provider, equals the purchase cost for the equipment.
- 57.1** The DME provider must notify the client when the rental equipment is considered purchased due to an extended rental. Proof of ownership must be provided to the client by the DME provider.
  - 57.2** A hospital-grade breast pump that has been purchased due to extended rental is anticipated to last the minimum timeframe indicated by the manufacturer's warranty.
  - 57.3** In the case of a client-owned hospital-grade breast pump that was purchased as a result of an extended rental, proof of client ownership of the device is required for reimbursement of replacement parts in Table A.
    - 57.3.1** A statement from the DME provider indicating the make and model of the client-owned device, along with proof of client ownership, must be submitted with claims appeal for reimbursement of replacement parts.
- 58** Replacement parts (A4281, A4282, A4283, A4284, A4285, A4286) may be reimbursed when loss or irreparable damage has occurred, with a maximum of 2 replacements per part, for up to 12 months from the date of the breast pump purchase.
- 59** Claims for replacement parts must be submitted using the RB modifier.
- 59.1** Replacement parts may also be reimbursed with documentation of a client-owned device, not purchased by Texas Medicaid, using the procedure codes in Table A. Additional documentation such as the purchase date, serial number, and purchasing entity of the device may be required; as well as a copy of the receipt if it is available.
  - 59.2** Requests for replacement parts exceeding the limitations outlined in policy may be considered with documentation included under "if applicable" in section B on the prior authorization form as outlined in this policy.

### **DME Certification Form**

- 60** The DME Certification and Receipt Form must be submitted by DME claims and appeals when:
- 60.1** A single item meets or exceeds a billed amount of \$2,500.

**60.2** Multiple items submitted on the same date of service meet or exceed a total billed amount of \$2,500.

**61** The DME Certification and Receipt Form is required and must be completed before reimbursement can be made for any DME delivered to a client. The certification form must include the name of the item, the date the client received the DME, and the dated signatures of the provider and the client or primary caregiver. This signed and dated form must be maintained by the DME provider in the client's records.

**62** Claims submitted without the DME Certification and Receipt Form will be denied.

**63** Clients who receive DME meeting or exceeding a total billed amount of \$2,500 may be contacted to verify receipt of the equipment. If receipt of the equipment cannot be verified, the claim payment is eligible for recoupment.

### **Lactation Consultation Services**

**64** Lactation consultation provided as a separate visit, is reimbursable to certified IBCLC professionals in the office or home setting, who practice as, or who practice under the management of, any of the following main providers:

**64.1** Advanced Practice Nurses

**64.2** Licensed Clinical Social Workers

**64.3** Nurse Midwives

**64.4** Nurse Practitioners

**64.5** Physicians; may only bill on behalf of an IBCLC under their management and may not bill separately for physician-rendered lactation consultation services

**64.6** Physician Assistants

**64.7** Registered Nurses

**NOTE:** The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) program, or its staff, cannot bill Medicaid for breastfeeding and lactation counseling services provided to participants.

**65** An independent lactation counseling session may occur on the same day as a well-child visit. To ensure appropriate reimbursement, the NPI of the provider rendering the lactation consultation visit must be included on the claim.

**66** No more than one lactation session is allowed per day, per infant.

## **Documentation Requirements**

**67** In addition to documentation requirements outlined in the "Authorization Requirements" section of this policy, the following requirements apply:

**67.1** All services outlined in this policy are subject to retrospective review to ensure that the documentation in the client's medical record supports the medical necessity of the service(s) provided.

### **Breast Pump Equipment**

**67.2** Direct care providers must maintain appropriate documentation in the client's medical record outlining the client's specific medical necessity regarding the

specific type of breast pump equipment ordered.

- 67.3** Direct care providers must also include the anticipated duration of need regarding the circumstances or conditions related to the type of equipment ordered, the infant's age (or gestational age, if premature), and documentation of the mother's intent to breastfeed.

### **Lactation Consultation Services**

- 67.4** To be considered for reimbursement, IBCLC providers must maintain documentation of current IBCLC certification at the time of service. Physicians may not bill separately for physician-rendered lactation counseling, but may bill on behalf of an IBCLC under their management. The IBCLC provider's name and credentials must be clearly documented in the client's medical record.
- 67.5** Providers must also maintain appropriate documentation in the client's medical record outlining the mother-infant assessment related to lactation, the education and support that was provided to the client during each session, an evaluation of outcomes from any interventions, as well as describing the mother's ability to understand the information provided. The start and stop time of each session must be documented.
- 67.6** Providers must include documentation in the client's medical record outlining the clinical management of any high-risk breastfeeding or lactation difficulties addressed with the client during the visit, with an evaluation of outcomes from interventions, when appropriate.

## **Exclusions**

**68** The following Breastfeeding Support Services are not benefits of Texas Medicaid:

- 68.1** Personal-use electric breast pumps that are only capable of single-collection pumping, one breast at a time.
- 68.2** Breastfeeding Support Services in the preconception or prenatal period.
- 68.3** Breastfeeding Support Services for infants who are not breastfeeding and the mother has no intent to breastfeed.