

# IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

BR202135

AUGUST 31, 2021

## IHCP to cover HCPCS code K1005

Effective Oct. 1, 2021, the Indiana Health Coverage Programs (IHCP) will cover the following Healthcare Common Procedure Coding System (HCPCS) code for breast milk storage bags:

- K1005 – *Disposable collection and storage bag for breast milk, any size, any type, each*

Coverage applies to fee-for-service (FFS) professional claims (*CMS-1500* form or electronic equivalent) and outpatient claims (*UB-04* form or electronic equivalent) with dates of service (DOS) on or after Oct. 1, 2021. Coverage applies to all Traditional Medicaid and other IHCP programs that include full Medicaid State Plan benefits. This procedure code may not be covered under IHCP plans with limited benefits.



### Medical necessity

Members must meet medical necessity criteria to be eligible for receiving breast milk storage bags to assist with breast feeding. Women are eligible to receive a maximum of 200 breast milk storage bags per calendar month when the following criteria are met:

- The member recently delivered a baby and a physician has ordered or recommended mother's breast milk for the infant.
- Documentation indicates there is the potential for adequate milk production.
- Documentation indicates there is a long-term need for, and planned use of, the breast pump to obtain a milk supply for the infant.
- The member is capable of being trained to use the breast pump, as indicated by the physician or provider.
- Current or expected physical separation of mother and infant (such as illness, hospitalization or work) would make breast feeding difficult or there is difficulty with "latch on" due to physical, emotional or developmental problems of the mother or infant.

### Reimbursement and billing

The following reimbursement information applies:

- Pricing:
  - Professional: Manually priced at 75% of submitted manufacturer's suggested retail price (MSRP) or 120% of submitted cost invoice
  - Outpatient: Based on the revenue code
- Prior authorization (PA): None required

*continued*

**■ Billing guidance:**

- Standard billing guidance applies
- Professional claims must include either the MSRP documentation or cost invoice

Reimbursement, PA and billing information applies to services delivered under the FFS delivery system. Individual managed care entities (MCEs) establish and publish reimbursement, PA and billing criteria within the managed care delivery system. Questions about managed care billing and PA should be directed to the MCE with which the member is enrolled.

This information will be reflected in the next regular update to the *Professional Fee Schedule* and the *Outpatient Fee Schedule*, accessible from the [IHCP Fee Schedules](#) page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers), and to the *Durable and Home Medical Equipment and Supplies Codes* and the *Procedure Codes That Require Attachments* code tables, available from the [Code Sets](#) webpage.

**QUESTIONS?**

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