



**Breast Pump Kit for Institutional Breast Pumps HCPCS/ Modifier for Cigna**

**Purpose of this communication:**

- To inform contracted providers who service Cigna members of a recent change to the fee schedule for billing a kit to support institutional (hospital grade) breast pumps.

**What do I need to know?**

- The fee schedule for Cigna has been updated to reflect a HCPC/Modifier combination E0602 NU SC when billing a kit for use with an institutional breast pump.
- The service code description of “Breast Pump Kit F/Lactina (Medela)” can be used for any brand or model of institutional breast pump kits.
- CareCentrix has created a specific service code to help avoid claim issues or concerns including denials, rejections, etc.

**What do I need to do?**

- Please use the following HCPC/Modifier combinations when billing the following:

HCPC	Mod 1	Mod 2	Description	SVC Code	UOM
E0604	RR		BREAST PUMP, INSTITUTIONAL	2581	MO
E0602	NU	SC	BREAST PUMP KIT F/LACTINA (MEDELA)	7167	PUR

- If you believe a denial was issued for the Breast Pump Kit F/Lactina (Medela) due to the use of the previous code, please submit a reconsideration request to CareCentrix. For additional information on how to submit a reconsideration request, please reference the Provider Manual located on Provider Portal: HomeBridge<sup>SM</sup> at: [www.carecentrixportal.com](http://www.carecentrixportal.com).
- No other codes related to breast pump kits or accessories are impacted by this change. Please continue to bill according to your fee schedule.
- You may also refer to the billing crosswalk on the Provider Portal: HomeBridge or Service Authorization Form (SAF) for appropriate codes to bill.

**Thank you in advance for your cooperation and continued partnership.  
If you have any questions, please reach out to your assigned network management representative for assistance.**