

**Aetna Better Health® of Louisiana**  
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## FAX/EMAIL

To: All Aetna Better Health of Louisiana Providers  
Date: March 21, 2019

### Electric Breast Pump Request Form

Effective with dates of service on or after **April 1, 2019**, Louisiana Medicaid will require an attestation for breast pump coverage. All durable medical equipment (DME) providers will be required to obtain the Electric Breast Pump Request Form signed by the patient at the point of sale.

The Breast Pump Request form is now located on [lamedicaid.com](http://lamedicaid.com) under **Forms, Files and User Manuals**. It is also included in the DME provider manual as Appendix I. DME providers should submit the completed form with the claim for medical review.



#### *Electric Breast Pump Request Form*

Completed form must be submitted to DXC Technologies or the Healthy Louisiana Plan along with your claim for retrospective review.

<b>SECTION I:</b> Please print all recipient information below. *Denotes a required field	
Member's name (mother):*	Newborn's birthdate:*
Member's Medicaid ID (mother):*	Place of Birth (Hospital Name):*
Member's phone number:*	Newborn's name: *
Member's residential address:*	
City, State:*	ZIP code:
<b>Section II</b>	
Requirements: Medicaid enrolled member must provide date of birth and prescription for the double-electric breast pump.	
<b>Attestation:</b> By signing this form, I attest that I have not received a breast pump from WIC for the delivery listed above. I understand that getting a breast pump from both WIC and Medicaid would be a duplication of services.	
Signature: _____	
Date: _____	