PURPOSE:
The purpose of this policy is to define Maryland Care, Inc., dba Maryland Physicians Care (MPC) business
guidelines for the review of breast pump requests and to define the MDH criteria utilized for breast pump
requests.

POLICY:
Utilization Management clinicians will utilize the MDH criteria when reviewing for breast pump purchase
or rentals.

In order to meet the criteria for Breast Pump rental or purchase a member must meet the following:
For the first month of life for an infant the following criteria must be met for the rental of a hospital
grade double electric pump (E0604). MCOs are required to cover either a hospital grade double electric
breast pump (E0604) or a personal use double electric breast pump (E0603) and the breast pump kits as
medically necessary items if the following criteria are met:

1. If the newborn or mother is hospitalized (eg, if the infant is in the neonatal intensive care unit
   [NICU] for longer than a month), MPC will provide a hospital grade breast pump for the duration
   of the NICU admission;
2. Mother of newborn is temporarily prescribed medications that are not compatible with
   breastfeeding (“pump and dump”);
3. The newborn is unable to nurse fully for reasons such as prematurity, neonatal jaundice,
   congenital anomaly, cardiac or neurological issues;
4. The mother has underdeveloped breasts or breast surgery, necessitating a hospital-grade electric
   pump to help stimulate full milk supply;
5. The newborn is unable to nurse effectively for reasons secondary to failure to thrive,
   absorption/digestive problems, poor latch or uncoordinated swallow/suck reflex;
6. There are maternal conditions that prevent effective breastfeeding, such as cracked and/or
   retracted nipples, mastitis, significant breast engorgement, failure to establish effective
   breastfeeding pairing, or inadequate milk production; or
7. Mother of newborn is returning to work prior to the infant reaching one month of age (this is a
   medical necessity because not providing an electric breast pump at this time will cause the
   mother to fail at achieving a full milk supply).

After the first month of life MPC may is not required to provide a breast pump for non-medical reasons
including the mother’s return to work. MPC does not require prior authorization for E0603 or E0602
breast pumps.
OPERATING PROTOCOL:

Systems

The business application system prior authorization module is used to document the request for the breast pump, the clinical information, the clinical review for the request, and the decision and notification outcome.

INTER-/INTRADEPENDENCIES:

Internal
Medical Management
Case Management
Medical Services
Claims

External
Members
Providers/Practitioners

LEGAL/CONTRACT REFERENCES:
MDH transmittal February 2020
COMAR 10.67.06.13

ATTACHMENTS:
None
DEFINITIONS:

High quality non-hospital grade pump: (E0603) must be automatic with intermittent suction at 50-80 cycles per minute, have an adjustable vacuum that has a pressure ranging from 50-250 mmHg, portable, include a battery option and adapter to be used as an alternate power source, and adapt for simultaneous pumping of both breasts (double collection).

Hospital grade electric breast pump: (E0604) must be portable and comply with FDA Standards.

Affiliate: Medicaid business conducted by the direct and indirect subsidiaries of the management company.

Board of Directors: MPC board of directors has ultimate accountability for the health plan processes, activities, and systems. This includes responsibility for implementing systems and processes for monitoring and evaluating the care and services members receive through the health delivery network.


COMAR: Code of Maryland Regulation

Contractor and Agent: Any entity or person, including a sub-contractor, that, on behalf of MPC or its affiliates, furnishes of administrative and/or operational services.

Member: A person enrolled by the State of Maryland Medicaid/MDH to MPC, a Medicaid managed care organization.

Personnel: Employees of MPC management company, its affiliates, consultants, temporary or seasonal employees, student interns, volunteers, and any other class or type of full or part time employee who participate in MPC administrative operations.
**Policy Name:** Breast Pump Criteria  
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<th>Medical Management</th>
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<td>PA 20</td>
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<tr>
<td>Subsection:</td>
<td>Prior Authorization</td>
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<td>Original Effective Date:</td>
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**Applies to:** Medicaid Health Plans

**REVISION LOG:**

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<td>Reviewed and revised to add under 1) hospital-grade double electric pump and to include special pediatric hospitals.</td>
<td>9/2019</td>
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<tr>
<td>Reviewed, removed PA criteria for E0602 and E0603 pumps, added the definition of hospital grade pump. Updated the definition of non-hospital grade pump. Updated the medical necessity criteria per the updated Feb transmittal</td>
<td>02/20/2020</td>
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**POLICY AND PROCEDURE APPROVAL:**
The electronic approval retained in P&P management software is considered equivalent to a signature.