

Breast Pump Criteria

Policy Number: PA 20

Last Review Date: 02/3/2022

Effective Date: 12/1/2014

Policy

Maryland Care, Inc., dba Maryland Physicians Care (MPC) considers Breast Pumps medically necessary for the following indications:

For the first month of life for an infant, one or more of the following criteria must be met, for the rental of a hospital grade double electric pump:

1. If the newborn or mother is hospitalized (e.g., 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.
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).

MPC does not require PA for E0603 or E0602

Limitations

After the first month of life MPC is not required to provide a breast pump for non-medical reasons including the mother's return to work.

Background

MCOs are required to cover either a hospital grade double electric breast pump or a personal use double electric breast pump and the breast pump kits as medically necessary items if the above criteria are met. In order to qualify as high quality non-hospital grade the pump must be automatic with intermittent suction at 50-80 cycles per minute, have

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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). The hospital grade must be portable and comply with FDA standards.

Codes

Code	Description
E0604	Hospital grade electric breast pump
E0603	High quality non-hospital grade electric pump
E0602	manual pump

References

MDH transmittal PT 19-20 No 136, February 2020
COMAR 10.67.06.13

Revision Log

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