



**ADMINISTRATIVE POLICY AND PROCEDURE**

<b>Policy #:</b>	<b>1412</b>	
<b>Subject:</b>	<b>Breast Pumps – Continuing Rental</b>	
<b>Section:</b>	<b>Care Management</b>	
<b>Effective Date:</b>	<b>10/01/2015</b>	
<b>Revision Date(s):</b>		
<b>Review Date(s):</b>	<b>10/16</b>	
<b>Responsible Parties:</b>	<b>Patryce Toye, MD; Theresa Bittle</b>	
<b>Responsible Department(s):</b>	<b>Utilization Management</b>	
<b>Regulatory References:</b>		
<b>Approved:</b>		
	<b>Carol Attia, RN AVP, Care Management</b>	<b>Patryce A. Toye, MD Senior Medical Director</b>

**Purpose:** It is the purpose of this policy to define the conditions under which MedStar Family Choice (MFC) UM staff (Pre-Certification Nurses) may authorize Hospital Grade Electric Breast Pumps past the 90 day initial rental period.

**Scope:** MedStar Family Choice, MD; MedStar Family Choice, District of Columbia Healthy Families and Alliance.

**Policy:** It is the policy of MedStar Family Choice to cover Hospital Grade Electric Breast Pump rentals for appropriate members when medically necessary.

**Procedure:**

1. Requests for rental of Hospital Grade Electric Breast Pumps beyond 90 days should be forwarded along with the supporting clinical information in accordance with the MedStar Family Choice Prior Authorization Policy.
2. MFC will not require a denial from WIC prior to approving breast pumps.

**Continuing Hospital Grade Electric Breast Pump rental will be approved for the following situations:**

A. MFC will cover breast pumps and pump kits as medically necessary items for any of the conditions (1-5) below. The Breast Pump will be a Hospital Grade double electric pump (E0604, rental only)

1. If baby or mother are hospitalized. If baby is in the NICU longer than a month, MFC would continue providing pump for duration of NICU stay, or
2. If mom is temporarily prescribed medications that are not compatible with breastfeeding ("pump and dump"), or
3. If baby is unable to nurse fully for reasons such as prematurity, congenital anomaly, neurological issues, or problems with being able to "latch on", or
4. If mother has underdeveloped breasts or breast surgery, necessitating a hospital-grade electric pump to help stimulate full milk supply.

MFC will cover High Quality\* non-hospital grade, double electric pump (E0603) or manual pump (E0602) for any breast feeding mother and as a transition from Hospital Grade double electric pump (E0604, rental only.) All claims will be paid at the current Medicaid fee schedule for the code. Single case agreements will not be negotiated.

\*To be considered "High Quality," the non-hospital grade pump must be automatic with intermittent suction, 50-80 cycles per minute, with adjustable vacuum ranging from 50-250 mmHg.

<b>Summary of Changes:</b>	<b>10/16:</b> <ul style="list-style-type: none"><li>• No changes</li></ul> <b>10/15:</b> <ul style="list-style-type: none"><li>• New policy</li><li>• Replaced 1410</li></ul>
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