

## Breast Pumps

A breast pump is a device used to extract milk from the breast of a lactating mother for infant feeding. Three types of breast pumps covered under RI Medicaid include:

Manual – no prior authorization is required

Electric- no prior authorization is required

Hospital-Grade- prior authorization is required

### Coverage and Payment Policy

Electric Breast Pump-when recommended by the ordering provider and when one of the following is met:

- Baby in NICU with anticipated extended stay
- Difficult latch/suppressed latch
- Inadequate milk production
- Poor infant weight gain
- Jaundice
- Failure to establish effective breastfeeding pair
- Mastitis
- Engorgement
- Retracted nipple(s)
- Cracked nipple(s)

Hospital-Grade Breast Pump-may generally be considered clinically appropriate when there is prolonged infant hospitalization and one or more of the following conditions that may adversely impact feeding directly from the breast:

- Prematurity (including multiple gestation);
- Neurologic disorder;
- Genetic abnormality;
- Anatomic and mechanical malformation (e.g. cleft lip or palate); or

- Congenital malformation requiring surgery (e.g. respiratory, cardiac, gastrointestinal, or central nervous system).

This service requires prior authorization to include prescription from the ordering provider; and documentation supporting the medical necessity of the item.

Hospital-Grade Pumps are available as rentals only. Initial authorization will be for three months. Continued coverage must be documented by the treating physician every three months with a maximum rental period of ten months.

Approved by:  Associate Medical Director  
Jerry Fingerhut, MD

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Reviewed: \_\_\_\_\_

Revised: \_\_\_\_\_