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 Fingerut, MD

Date: ____________

Reviewed: ________________

Revised: ________________