MedStar Family Choice

ADMINISTRATIVE POLICY AND PROCEDURE		
Policy #:	**1412**	
Subject:	**Breast Pumps – Continuing Rental**	
Section:	**Medical Non-Pharmacy Protocols**	
Initial Effective Date:	**10/01/2015**	
Revision Effective Date(s):	**07/18, 07/19, 07/20, 07/21, 07/22, 07/23, 07/24**	
Historical Revision Date(s):	**07/17**	
Review Effective Date(s):	**7/25, 07/26**	
Historical Review Date(s):	**10/16**	
Responsible Parties:	**Medical Director**	
Responsible Department(s):	**Clinical Operations**	
Regulatory References:		
Approved:	**AVP Clinical Operations**	**Chief Medical Officer**

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, Maryland**

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 to the Medical Director along with the supporting clinical information in accordance with the MedStar Family Choice Prior Authorization Policy.

2. MFC will not require a denial from Women, Infants and Children (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 (1-4) below. The Breast Pump will be a Hospital Grade double electric pump (E0604, rental only).
    1. If baby or breastfeeding person are hospitalized. If baby is in the Neonatal Intensive Care Unit (NICU) longer than a month, MFC would continue providing pump for duration of NICU stay, or

    2. If breastfeeding person 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 breastfeeding person has underdeveloped breasts or breast surgery, necessitating a hospital-grade electric pump to help stimulate full milk supply.

B. MFC will cover High Quality* non-hospital grade, double electric pump (E0603) or manual pump (E0602) for any breast-feeding person 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.

Summary of Changes:	**07/26:** • No substantive changes. **07/25:** • No substantive changes. **07/24:** • Removed specific names for “Responsible Parties” and “Approved”; just using titles • Language changed to gender neutral **07/23:** • Updated approved by to Carol Attia and Dr. Wills **07/22:** • Updated responsible party from Dr. Toye to Dr. Speight. **07/21:**

	• Updated Responsible Departments from Utilization Management to Clinical Operations. • Added "Maryland" to scope. **07/20:** • Updated Section from Care Management to Medical Non-Pharmacy Protocols. **07/19:** • Removed "Maryland" from scope. **07/18:** • Removed references to DC health plans • Modified Effective Date to Initial Effective Dates; added Historical Revision Dates and Revision Effective Dates; and added Historical Review Dates and Review Effective Dates. **07/17:** • Changed Carol Attia to Theresa Bittle and updated Dr. Patryce Toye's title from Senior Medical Director to Chief Medical Officer. • Added Medical Director to Procedure #1 **10/16:** • No changes. **10/15:** • New policy. • Replaced 1410.