MedStar Family Choice
DISTRICT OF COLUMBIA

ADMINISTRATIVE POLICY AND PROCEDURE		
Policy #:	**1412.DC**	
Subject:	**Breast Pumps – Continuing Rental**	
Section:	**Care Management**	
Initial Effective Date:	**10/01/2020**	
Revision Effective Date(s):	**07/21, 07/22, 07/23, 07/24, 07/25**	
Review Effective Date(s):		
Responsible Parties:	**Clinical Operations, CM Manager Medical Director**	
Responsible Department(s):	**Clinical Operations**	
Regulatory References:		
Approved:	**Director, Clinical Operations**	**Senior Medical Director (Chief Medical Officer-DC)**

Purpose: **It is the purpose of this policy to define the conditions under which MedStar Family Choice District of Columbia Clinical Operations staff may authorize Hospital Grade Electric Breast Pumps past the 90-day initial rental period.**

Scope: **MedStar Family Choice District of Columbia**

Policy: **It is the policy of MedStar Family Choice District of Columbia to cover Hospital Grade Electric Breast Pump rentals for appropriate Enrollees 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. MedStar Family Choice DC 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. MedStar Family Choice DC 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 a baby or mother are hospitalized or if a baby is in the Neonatal Intensive Care Unit (NICU) longer than a month, MedStar Family Choice DC 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 a 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.

MedStar Family Choice DC 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.

Summary of Changes:	**07/25:** • Updated to Director, Clinical Operations • No substantive changes. **07/24:** • Updated Responsible Parties to include only position titles and not names. **07/23:** • Updated MFC to MFC-DC throughout document. **07/22:** • Updated Responsible Parties. • Updated Approved. **07/21:** • Updated Responsible Parties. **10/20:**

	• New policy.