



## DEPARTMENT OF HEALTH

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

**MARYLAND MEDICAID MANAGED CARE PROGRAM**  
**MCO Transmittal No. 136**  
**February 04, 2020**

To: Managed Care Organizations

From: Jill Spector, Director  
 Medical Benefits Management *Jill Spector*

Re: Breast Pump Coverage in the HealthChoice Program

**Note: Please ensure that appropriate staff members in your organization are informed of the contents of this memorandum.**

This transmittal outlines the Maryland Department of Health's criteria for breast pump coverage in the HealthChoice program.

During an infant's first month of life, HealthChoice managed care organizations (MCOs) must cover either a hospital grade double electric breast pump or a personal use double electric breast pump (E0604 or E0603) and breast pump kits as medically necessary items in accordance with COMAR 10.67.06.13.

All hospital grade pumps (E0604) must be portable and comply with FDA Standards. Personal use pumps must be a high quality, non-hospital grade, double electric pump (E0603). To be considered "high quality," the non-hospital grade pump must be:

- Automatic with intermittent suction at 50-80 cycles per minute;
- Have an adjustable vacuum that has pressure ranging from 50-250 mmHg;
- Portable;
- Include a battery option and adapter to be used as an alternate power source; and
- Adapt for simultaneous pumping of both breasts (double collection).

One of the breast pumps identified above must be covered under the following medically necessary conditions:

1. If the infant or mother is hospitalized (e.g., if the infant is in the neonatal intensive care unit [NICU] for longer than a month), the MCO will provide a hospital grade breast pump for the duration of the NICU admission;
2. If the mother is temporarily prescribed medications that are not compatible with breastfeeding (i.e., "pump and dump");

3. If the infant is unable to nurse fully for reasons such as prematurity, neonatal jaundice, congenital anomaly, cardiac or neurological issues;
4. If the mother has underdeveloped breasts or breast surgery that necessitates a hospital-grade electric pump to help stimulate full milk supply;
5. If the infant is unable to nurse effectively for reasons secondary to failure to thrive, absorption/digestive problems, poor latch or uncoordinated swallow/suck reflex;
6. If there are maternal conditions that prevent effective breastfeeding, such as cracked and/or retracted nipples, mastitis, significant breast engorgement, failure to establish effective breastfeeding pairing, or inadequate milk production; or
7. If the mother is returning to work prior to the infant reaching one month of age (this is a medical necessity because not providing an electric breast pump at this time will cause the mother to fail at achieving a full milk supply).

After the first month of the infant's life, MCOs may choose to cover a hospital grade pump (E0604), a non-hospital grade electric personal use pump (E0603), or a manual pump (E0602) for reasons that make a breast pump medically necessary, as defined above.

MCOs are not required to provide a breast pump after the first month of the infant's life for non-medical reasons, including the mother's return to work. MCOs are strongly encouraged to consider voluntarily providing a breast pump or referring the mother to WIC where, if eligible, she may be able to receive a breast pump. However, MCOs may not require a mother to be denied eligibility for WIC prior to providing breast pumps.

If you have questions about the contents of this transmittal, please contact Pam Williams by emailing [pam.williams@maryland.gov](mailto:pam.williams@maryland.gov) or calling 410-767-3532.