

	Health Resources Division: Durable Medical Equipment Program
	Effective Date: 1/1/2025
	Subject: Coverage criteria for hospital-grade electric breast pump rentals

Hospital-Grade Electric Breast Pump Rental Coverage Criteria

1. Purpose

This policy outlines the coverage criteria for hospital-grade electric breast pump rentals (HCPCS E0604 - Modifier RR).

It **does not** apply to double electric breast pumps (HCPCS E0603). Refer to the Double Electric Breast Pumps and Milk Storage Bags coverage criteria document for additional information.

2. Coverage Criteria

To be eligible for coverage, at least one of the following must be met:

- The member's preterm infant is 39 weeks or less gestation.
- The member's infant has feeding difficulties due to a neurological or physical condition that impairs adequate suckling.
- The member and/or infant has an illness that results in their separation.
- The member is on a medication that compromises her milk supply.
- The member has multiple infants.

3. Coverage Limits

- Two months of rental are covered without prior authorization, provided one of the above criteria is met.
- Coverage beyond two months requires prior authorization.
- Coverage is granted only under the mother's Medicaid eligibility, not the infant's.

4. Authorization Requirements

All requests for additional months of rental must include documentation demonstrating the continued need for the pump.

[Submit prior authorization requests to Mountain Pacific, the Department's utilization review contractor, through the Qualitrac Portal.](#)

Version History

Version Number	Revision Date	Summary Changes
1	N/A	None – Original posting.