



# PROVIDER MEMO

## Lactation Policy Communication

November 9, 2016

To: Partnership HealthPlan of California (PHC) Providers  
From: Partnership HealthPlan of California (PHC) Care Coordination  
Subject: Lactation Policy and Guidelines

It is the goal of PHC to support a mother's efforts to initiate and sustain lactation and to have access to breast pumps, breastfeeding equipment and supplies.

We have recently updated our Lactation Policy (MCUP 3009), to make breast pumps available for all PHC pregnant, and lactating women (up to 12 months postpartum). Infants that are insured through PHC, whose mothers are not insured, will also be covered for breast pumps up to 12 months of age. This policy will go into effect immediately.

Breast pumps will be available to our members by providers ordering from DME organizations. We have evaluated several pumps and recommend two breast pumps based on quality and ease of use. We have included prescription/order forms for the two DME organizations that provide these breast pumps. If your office has identified an alternative breast pump and DME organization, you are welcome to order from that organization as well. Please continue to provide a pump education appointment to encourage and educate proper support and use.

If you need any additional information, please contact Care Coordination at **(800) 809-1350**, and someone in the Growing Together Perinatal Program (GTPP) will be happy to assist you.

# BREAST PUMPS

Two breast pumps\* evaluated and chosen based on quality and ease of use:



## Hygeia Q Double Electric Breast Pump

- Hospital grade pump
- Independent speed and suction controls allow you to mimic baby's unique suckling pattern
- Ideal for daily pumping, working mom and exclusive pumping
- Personal Accessory Set included



## Bellema Melon Double Electric Breast Pump

- 2 phase: stimulation & expression options
- Soft silicone cushions for gentle massage and comfortable pumping
- Memory function to remember preferred settings, easy to assemble, operate and clean
- Lightweight and portable, quiet system for discreet pumping

\*Alternative breast pumps by other DME Companies may be ordered if the DME Company is willing to bill PHC and accept the Medi-Cal rate.



## Moms Get More Prescription for Breast Pump & Supplies



Please fax the completed form to (888) 901-8878  
or email the form to [becky@momsgetmore.com](mailto:becky@momsgetmore.com)

For more information, visit us at:  
[www.MomsGetMore.com](http://www.MomsGetMore.com)

Phone: (855) 786-7296  
Fax: (888) 901-8878

### Patient Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: CA Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Mother's Date of Birth: \_\_\_\_\_ Baby's Due Date/DOB: \_\_\_\_\_

### Patient Insurance Information

Insurance Plan Name: \_\_\_\_\_  
Member ID#: \_\_\_\_\_ Policy Group ID#: \_\_\_\_\_

### Physician Office Use Only

Physician/Nurse Practitioner/Physician Assistant Name: \_\_\_\_\_

NPI#: \_\_\_\_\_

Phone: \_\_\_\_\_

Diagnosis:

- Breastfeeding / Lactating Mother Z39.1  
 Other: \_\_\_\_\_

X  
\_\_\_\_\_  
Physician/NP/PA Signature

Date: \_\_\_\_\_

*Physician Attention: I certify that I am the physician identified on this form.  
I have reviewed the Written Confirmation of Order contained herein.*

### Items Ordered

- EO603 Double Electric Breast Pump
- A4281 Tubing for Breast Pump
- A4282 Adaptor for Breast Pump
- A4283 Cap for Breast Pump Bottle
- A4284 Breast Shield & Splash Protector for use with Breast Pump
- A4285 Bottle for Use with Breast Pump
- A4286 Locking Ring for Breast Pump

*\*Tote and Pump style may vary*

Assignment of Benefits: The patient hereby authorizes Moms Get More to request on her/our behalf and to collect directly all public and private insurance benefits due to products supplied by Moms Get More. In the event payments for insurance benefits are made directly to the patient, the payee will endorse to Moms Get More all checks for such payment. The patient certifies that she has not received a personal use electrical breast pump (EO603) within the past 3 years.



**\*\*\*\* BREAST PUMP ORDER FORM (Rx) \*\*\*\***

**PATIENT INFORMATION:**

Ship to:  Home  Clinic

Patient Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Insurance (attach copy):  Partnership HP  Anthem Blue Cross ID#: \_\_\_\_\_

DOB: \_\_\_\_\_ EDD/Delivery Date: \_\_\_\_\_ Mother's Name (if pt is infant): \_\_\_\_\_

The Medicaid Program covers the following items when they are medically necessary for the patient's condition. Current law requires the attending physician to document the medical necessity in the patient's records. PLEASE VERIFY YOUR PATIENT'S ELIGIBILITY. The Affordable Care Act (ACA) requires health plans to cover breast pumps 100% without cost-sharing.

**DIAGNOSIS (Dx):**

**Mother's Dx (check all that apply):**

**Infant's Dx (check all that apply):**

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Postpartum care, lactation (Z39.1) | <input type="checkbox"/> Breast engorgement (O92.29) | <input type="checkbox"/> Feeding problems (R63.3)          | <input type="checkbox"/> Slow weight gain (R62.51) |
| <input type="checkbox"/> Lactation, suppressed (O92.5)      | <input type="checkbox"/> Retracted nipple (O92.03)   | <input type="checkbox"/> Breast milk jaundice (P59.3)      | <input type="checkbox"/> Failure to thrive (P92.6) |
| <input type="checkbox"/> Mastitis (O91.22)                  | <input type="checkbox"/> Sore nipple (O92.20)        | <input type="checkbox"/> Neonatal jaundice (P59.9)         | <input type="checkbox"/> Diarrhea (R19.7)          |
| <input type="checkbox"/> Breast Abscess (O91.12)            | <input type="checkbox"/> Cracked nipple (O92.13)     | <input type="checkbox"/> Underweight (R63.6)               |  |
| <input type="checkbox"/> Breast infection (O91.23)          | <input type="checkbox"/> Other _____                 | <input type="checkbox"/> Excessive crying, infant (R68.11) | <input type="checkbox"/> Other _____               |

**ITEM ORDERED:**

**1 - BelleMa Double Electric Breast Pump (E0603NU)**

**ASSIGNMENT OF BENEFITS:** The undersigned hereby authorizes Advanced Home Medical Inc to request on my/our behalf and to collect directly all public and private insurance benefits due to products supplied patient by Advanced Home Medical Inc. In the event payments for insurance benefits are made directly to any of the undersigned, the payee will endorse to Advanced Home Medical Inc all checks for such payment. The undersigned certifies that she has not received a personal use electric breastpump (E0603) within the past year (3 years for Medi-Cal).

Patient Signature

Date:

**DECLARATION:** I certify that this is true and medically necessary for the above patient. I have completely reviewed my patient's medical records and the items ordered. I understand that any falsification, omission, concealment of material fact may be subject to civil or criminal liability.

Provider Signature

Date:

**Provider Name & Address:**

Name: \_\_\_\_\_ NPI: \_\_\_\_\_  
 Facility/Clinic: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**PLEASE FAX TO:**  
**1-888-518-7568**  
 or email to  
[info@advancedhomemed.com](mailto:info@advancedhomemed.com)

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## Ordering Breast Pumps

### INSTRUCTIONS FOR PUMP PROVIDERS

1. This benefit is specifically for PHC members and must be ordered by a medical practitioner. A pump can be ordered based on the eligibility of the mother or of the baby (up to 12 months of age). Orders may be placed no sooner than 30 days prior to the Estimated Due Date (EDD) or infants up to 12 months as long as mother is lactating.
2. To place a breast pump order, please select a DME vendor, use the provided DME order form and choose the pump you think will best address the needs of the member.
3. Fax the order directly to the DME Company along with any DME required documentation. No TAR is required for DME products under \$100.
4. The pump will be shipped directly to the member and an appointment should be scheduled for a health education visit.
5. For breast pump education reimbursement, please refer to the Lactation Policy (MCUP 3009). If you have any problems with billing, please call GTPP at **(800) 809-1350**.

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA  
POLICY / PROCEDURE**

<b>Policy/Procedure Number:</b> MCUP3009 (previously MPUG3009; UG100309)			<b>Lead Department:</b> Health Services	
<b>Policy/Procedure Title:</b> Lactation Policy and Guidelines (formerly Breastfeeding Guidelines)			<input checked="" type="checkbox"/> External Policy <input type="checkbox"/> Internal Policy	
<b>Original Date:</b> 04/19/2000		<b>Next Review Date:</b> 10/19/2017 <b>Last Review Date:</b> 10/19/2016		
<b>Applies to:</b>	<input checked="" type="checkbox"/> Medi-Cal	<input type="checkbox"/> Healthy Kids	<input type="checkbox"/> Employees	
<b>Reviewing Entities:</b>	<input checked="" type="checkbox"/> IQI	<input type="checkbox"/> P & T	<input checked="" type="checkbox"/> QUAC	
	<input type="checkbox"/> OPERATIONS	<input type="checkbox"/> EXECUTIVE	<input type="checkbox"/> COMPLIANCE	<input type="checkbox"/> DEPARTMENT
<b>Approving Entities:</b>	<input type="checkbox"/> BOARD		<input type="checkbox"/> COMPLIANCE	<input type="checkbox"/> FINANCE
	<input type="checkbox"/> CEO	<input type="checkbox"/> COO	<input type="checkbox"/> CREDENTIALING	<input checked="" type="checkbox"/> PAC
<b>Approval Signature:</b> Robert Moore, MD, MPH			<b>Approval Date:</b> 10/19/2016	

**I. RELATED POLICIES:**

- A. MPXG5009 - Lactation Clinical Practice Guideline
- B. MPCR #16 - Lactation Consultant Credentialing Policy
- C. MPRP4056 - Pediatric Enteral Nutrition
- D. MCUG3118 - Prenatal and Perinatal Care
- E. MCUP3041 - TAR Review Process
- F. MCUP3100 - Women, Infants and Children (WIC) Supplemental Food Program
- G. MCUP3013 - DME Authorization

**II. IMPACTED DEPTS:**

- A. Health Services
- B. Claims
- C. Member Services

**III. DEFINITIONS:**

- A. Essential Health Benefits - A set of health care service categories that must be covered by certain plans - Categories include, among others, ambulatory patient services, emergency services, hospitalization, maternity and newborn care, and mental health and substance use disorder services.
- B. WIC - Women, Infants and Children Supplemental Nutrition Program - The Special Supplemental Nutrition Program for Women, Infants, and Children - A 100% federally funded program providing nutritious food (via prescriptive checks), individual counseling and nutrition education, breastfeeding promotion and support, and referrals to other needed services to at-risk, low- to moderate-income (up to 185% of the federal poverty level) women and children up to the age of five.

**IV. ATTACHMENTS:**

- A. N/A

**V. PURPOSE:**

- A. To support optimal nutrition in the healthy infant by appropriately supporting the mother's efforts to initiate and sustain lactation exclusively for 4-6 months and with complementary foods for the remainder of the first year.
- B. To give the policy framework around provisions of the Affordable Care Act (ACA), Section 4106a, Women's Health Preventive Services. It is the goal of Partnership HealthPlan of California (PHC) to be fully compliant with this portion of the ACA. This section states that pregnant and postpartum women are eligible to receive as preventive services

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1. Comprehensive lactation services including counseling by a trained health care provider or allied health professional during pregnancy and/or the postpartum period
2. To have access to breast pumps and breastfeeding equipment and supplies, as indicated to support lactation.

## VI. POLICY / PROCEDURE:

### A. General Breastfeeding Guidelines

1. **Introduction:** Human breast milk is uniquely specific to the needs of the human infant. Breastfeeding is acknowledged as the preferred method of infant feeding by Partnership HealthPlan of California (PHC) and the American Academy of Pediatrics (AAP), which states “breastfeeding ensures the best possible health as well as the best developmental and psychosocial outcomes for the infant.” Research has shown that breastfeeding decreases the incidence and/or severity of diarrhea, lower respiratory infection, otitis media, urinary tract infection, bacteremia, bacterial meningitis, botulism, and necrotizing enterocolitis. There is also a possible protection against sudden infant death syndrome, certain chronic diseases and childhood obesity. In addition to health benefits for the mother and infant, breastfeeding also provides social, economic and environmental benefits.

### B. Promotion and Support of Breastfeeding

1. **Lactation Education and Support Services:** Each county served by PHC has a local Women Infants and Children Nutrition Program (WIC) program that includes lactation education, support and provision of breast pumps, for low income women, including PHC members. All pregnant members should be referred to WIC. Lactation support for PHC members is a shared goal and responsibility of WIC and the health delivery system provided through PHC, by the following providers:
  - a. **Primary care providers** are encouraged to provide opportunities for members to learn about the advantages of breastfeeding through educational materials. Referrals for all pregnant patients to prenatal breastfeeding classes will ensure they have current evidence based information about breastfeeding.
  - b. **Prenatal care providers** should specifically assess a pregnant member’s knowledge and interest in breastfeeding at the first prenatal visit. Obstetrical care includes documentation of a complete breast exam and anticipatory guidance for any condition that could affect breastfeeding. Education regarding the advantages of breastfeeding should be ongoing. The pregnant members and their families should be referred to a breastfeeding class and have access to one on one breastfeeding education prenatally and postnatally. This is especially important for members who are first time mothers or have not breastfed in the past.
  - c. **Comprehensive Perinatal Service Programs (CPSP):** PHC strongly supports having all pregnant members receive support services provided through CPSP providers, which provide comprehensive assessments as part of their total perinatal care. CPSP providers may provide their own lactation support services or refer to other community resources to provide breastfeeding promotion, education and counseling.
  - d. **PHC Care Coordination:** Members who are planning to breastfeed need specific resources to call for assistance with breastfeeding when indicated. The Growing Together Perinatal Program at PHC (part of the Care Coordination Department) will maintain and make accessible on the PHC website a list of all high-quality lactation support resources available in PHC counties. In addition, Growing Together staff who have received appropriate training may provide telephonic counseling to members and make referrals to other resources in the community.
  - e. **Postpartum follow-up** calls are made to PHC members within the first week after delivery when possible. (Day 3-5 is optimal) If needed, referrals are made for lactation assistance, support, education and information.

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- f. Hospitals providing obstetrical care play a key role in supporting successful initiation of breastfeeding. Standards of care for hospitals in this area are fully outlined in the UNICEF/WHO Baby Friendly Hospital Initiative [www.babyfriendlyusa.org](http://www.babyfriendlyusa.org) and will also include:
- 1) The hospital should receive information on the member's prenatal record stating the infant feeding plan. That plan should be confirmed when a woman is admitted for delivery.
  - 2) Family centered childbirth practices allowing for early mother-infant contact and breastfeeding within the first two hours as well as rooming in. Hospitals are encouraged to view initiation of breastfeeding as a process accomplished over several days and offer support, assistance, and education accordingly.
  - 3) Newborns should be nursed whenever they show signs of hunger/interest approximately 8-12 times every 24 hours after the first 24 hours. Mothers can be encouraged to hold their infants even when not feeding to better assist them as they begin the process of learning and understanding their infants feeding cues.
  - 4) Members need access to qualified nursing staff and/or International Board Certified Lactation Consultant (IBCLC) to assist with initiation of breastfeeding, evaluate breastfeeding progress and to give ongoing information during the hospital stay.
  - 5) Supplements such as water, glucose water or formula should not be given to breastfeeding newborns unless there is an order from the Health Care Provider.
  - 6) Discharge planning includes the assessment of the need for follow-up with WIC, a peer counselor, the pediatric care office, an IBCLC, home health, or public health nurse visit specifically to assist the mother with breastfeeding. Whenever possible this should occur within 1-2 days of discharge.
  - 7) The lactating mother leaves the hospital with a list of resources for support and assistance with breastfeeding, information on how to tell if her baby is getting enough milk, and referral to a breastfeeding support group.
- g. Pediatric providers should encourage exclusive breastfeeding for at least four to six months and breastfeeding with complementary foods (not formula) for at least 12 months per AAP recommendations. Specific criteria for assessment of the breastfeeding infant and early identification of breast-feeding problems can be found in the Contemporary Pediatrics publication "Early Assessment of the Breastfeeding Infant". This publication provides detailed criteria for assessment and management of breastfeeding problems. Pediatric providers should consider referral to a qualified lactation consultant, Home Health Nurse or Public Health Nurse for evaluation before suggesting supplementation with formula or cessation of lactation. Providers need to consider the mother's health and well-being when giving recommendations. If a baby needs to stop feeding at the breast, the mother is to be provided with a breast pump and instructions on how to use it to maintain her milk supply.
- h. Home Health Nurse or Public Health Nurse Visit: All members are eligible to receive Home Health Nurse visits or Public Health Nurse visits after discharge from the hospital for assistance with breastfeeding. It is strongly recommended that home visiting nurses have specific training in lactation/breastfeeding support. The first mother-baby home health visit by a Home Health Nurse does not require prior authorization and subsequent visits are easily available through the authorization process. Public Health Nurse visits do not require authorization and can be ordered in a variety of ways including by notation on the postpartum discharge orders at time of discharge or by contacting the local county Public Health Department.

C. Partnership HealthPlan of California Breastfeeding Services

1. Timing of Lactation Support Services: Lactation Education and Support is different in the prenatal, immediate postpartum (in the hospital), early postpartum (from hospital discharge to 56 days after



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delivery), and late post-partum periods (from 56 days to 365 days post-delivery). From a PHC standpoint, care during the postpartum period includes a specifically defined postpartum visit between 21 to 56 days after delivery. This postpartum review and examination includes obtaining a history, performing a physical exam and evaluation of infant feeding. Additionally, earlier post discharge follow-up lactation visits should be encouraged, preferably in the first few days after discharge home. Some women also need lactation education and support after 56 days post-delivery. Lactation visits independent of the standard postpartum visits are covered by PHC. See billing and codes section for specific requirements.

2. Providers of Lactation support services:
  - a. Basic lactation support services may be provided in a provider office under the supervision of a Physician, or a non-physician clinician, including Nurse Practitioner (NP), Physician Assistants (PA), or Certified Nurse Midwife (CNM).
    - 1) **Providers offering lactation support services will ensure that the services are provided by an individual who has the appropriate education and knowledge.**
    - 2) Registered Nurse (RN), Registered Dietician (RD), International Board Certified Lactation Consultants (IBCLC), Lactation Educators and other lactation support staff without additional health professional licensure may provide basic lactation support services under the supervision of a PHC contracted Physician
  - b. IBCLCs with an underlying health professional licensure (RN, RD, MD, DO, CNM, NP, PA) may become contracted/credentialed to provide lactation support services through PHC.
    - 1) Contracted/credentialed IBCLC will ensure that any services provided by an individual within their employment has appropriate education and knowledge.
    - 2) Lactation Educators and other lactation support staff without additional health professional licensure may provide basic lactation support services under the supervision of a PHC contracted /credentialed IBCLC.
    - 3) IBCLCs must be credentialed by the credentials committee, as described under policy MP CR #16
3. Other Health Professionals who are Certified Lactation Consultants or trained Lactation Educators, under the supervision of a PHC contracted/credential IBCLC or provider office, may perform lactation consultation services outside of the hospital setting.
4. Lactation Educators: A Lactation Educator may provide basic lactation education services. The Lactation Educator must always work under the supervision of a PHC contracted/credentialed IBCLC or provider office, who is ultimately responsible for the patients seen by lactation educators.
  - a. If an IBCLC is supervising lactation educators, the following documentation must be maintained in the lactation educator's personnel file:
    - 1) Documentation of successful completion of a basic lactation education program.
    - 2) A letter from their supervising IBCLC describing the training and experience of the Lactation Educator, and the manner in which they are supervised.
  - b. The IBCLC must maintain written protocols for the Lactation Educator, listing:
    - 1) Documentation standards
    - 2) Topics that the Lactation Educator may address
    - 3) Indications for referral to the IBCLC, with standards for timeliness of referrals.
5. Lactation Support Services:
  - a. No Referral Authorization is required for up to 60 days of services; however, a Treatment Authorization Request (TAR) is required for visits after 60 days, with a written treatment plan and specific request for additional visits. These TARs will be reviewed for medical necessity, according to the usual TAR process.
  - b. Services provided in a contracted hospital outpatient services, physician office, IBCLC private office or member's home may be billed to PHC using the S9445 HCPCS code, billed in 15

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minute increments, up to a maximum of 4 units per day. In addition, lactation services provided by a CPSP program after the post-partum member's eligibility for CPSP has expired, may also use the S9445 HCPCS Code.

6. **Breast Pumps:** When breastfeeding is interrupted or discontinued the use of Breast Pumps and alternative feeding fluids may be necessary. If mother is unable to feed the baby at the breast due to a medically based separation or a physical problem of varying duration, and until resolution of any of these problems are achieved, providing a breast pump in a timely fashion is appropriate and a covered benefit.
  - a. Electric breast pumps maybe recommended for infants with feeding problems where a mother must be separated from or is unable to nurse her baby. PHC strongly recommends the use of an electric breast pump for adequate maintenance of milk supply when a baby is not able to breastfeed.
  - b. In partnership with local WIC agencies, multi-user electric breast pumps and the breast pump equipment (Kits) are provided through each county's WIC program, when available. They provide the pump, equipment and education to support appropriate use.
  - c. Single-user personal double electric breast pumps are also available for PHC members, or for lactating mothers whose infant is a PHC member (who is 12 months old or younger). These pumps are available by prescription from a number of PHC contracted durable medical equipment (DME) providers. No TAR is required. A list of current DME vendors providing breast pumps for PHC members will be posted on the PHC website.
    - 1) Providers will utilize DME order form with prescription to submit request for pump no sooner than 30 days prior to the Estimated Due Date (EDD), up to 12 months after delivery.
    - 2) Providers will provide supportive pump education on how to successfully use the selected pump at a health education visit prior to the EDD.
    - 3) Providers will be reimbursed up to 1 hour for breast pump education utilizing CPSP health education codes, or billing code S9445. Office visit codes may also be used, for appropriate providers.
  - d. When infants are born at less than 36 weeks gestation and remain hospitalized, arrangements will be made on an individual case by case basis to use a multi-phase hospital grade electric pump for the initiation and maintenance of the mother's milk supply while the infant is hospitalized. Specific instruction and support for the use of this pump will be provided by the hospital staff.
7. **Alternate Feeding Fluids**
  - a. Banked Human Milk is available for infants with specific conditions and for whom their mother's milk is not available.
    - 1) Donor/ processed banked breast milk may only be prescribed with a prescription written by a physician.
    - 2) Human Milk Bank for newborns whose mothers are unable to breastfeed due to medical reasons and for the infant who cannot tolerate or has medical contra-indications to the use of formula is a covered benefit under PHC. Prior Authorization is required.
    - 3) Currently, the Mothers' Milk Bank at Santa Clara Valley Medical Center in San Jose California is the only human milk bank in the state of California. The milk bank covers the cost of milk transportation for PHC clients.
    - 4) The prescription must include the following:  
*Processed human milk #of ounces per day for # of weeks/months or year.*
    - 5) An outpatient prescription must include the infant's name and CIN number with the parent/guardian's name and phone number along with a diagnosis. The prescription can be faxed to (408) 297-9208, or scanned and emailed to freshestmilk@mothersmilkbank.org.
      - a) If the infant requires an increase in supply, a new prescription is needed.

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- b) For outpatient infants, the first shipment is usually for one week of milk. The parent/guardian can request up to a 2 week supply on subsequent orders.
  - c) When the hospital orders the milk, a purchase order number is required, along with the mother's address, attending physician, and whether the order is for premature milk or mature milk. The hospital can provide a verbal order and then fax a written doctor's order to (408) 297-9208.
  - d) For some NICU units in California, the physician may want to have a supply of processed donor milk stored in the freezer at all times. Other hospitals order donor milk when a patient needs it. The processed milk has a six-month expiration period.
  - e) There is a processing, storage and distribution fee charged to cover the expenses of milk bank operations. The milk bank covers this cost for outpatient Medi-Cal clients, including PHC.
  - f) PHC does not pay for Banked Human Milk in hospitalized recipients as the bank will bill the hospital directly in those instances.
- b. Special infant formulas - Special Formulas are available for PHC members through a contracted PHC pharmacy with a physician prescription and through the Treatment Authorization Process (TAR) for specific medical conditions. See policy on Pediatric Enteral Nutrition for details (MPRP4056). If special infant formula is denied by PHC, then WIC will provide special infant formula with a copy of the denial letter and WIC form WIC Pediatric Referral.

**VII. REFERENCES:**

- A. American Academy of Pediatrics, Clinical Practice Guideline. Management of Hyperbilirubinemia in the Newborn Infant 35 or More Weeks of Gestation. Pediatrics Vol. 114 No. 1 July 2004
- B. Affordable Care Act, Section 4106a, Women's Health Preventive Services
- C. Infant Risk Center: Call 806-352-2519
- D. CA WIC Association: Ramping up for Reform-Quality Breastfeeding Support in Preventive Care. [www.calwic.org/storage/documents/bf/2012/Ramping\\_up\\_for\\_Reform-WIC\\_Breastfeeding\\_Toolkit\\_2012.pdf](http://www.calwic.org/storage/documents/bf/2012/Ramping_up_for_Reform-WIC_Breastfeeding_Toolkit_2012.pdf)
- E. Department of Health and Human Services/Center for Medicaid and CHIP Services
- F. Medicaid Coverage of Lactation Services. CMS Bulletin

**VIII. DISTRIBUTION:**

- A. Department Directors
- B. Provider Manual

**IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE:** Senior Director, Health Services

**X. REVISION DATES:**

Medi-Cal  
05/16/01; 05/15/02; 10/20/04; 10/19/05; 08/20/08; 04/21/10; 09/15/10; 10/01/10; 06/20/12; 11/20/13; 08/20/14; 04/15/15; 01/20/16; 10/19/2016

**PREVIOUSLY APPLIED TO:**

Healthy Families:  
MPUG3009 - 10/01/2010 to 03/01/2013

<b>Policy/Procedure Number: MCUP3009</b> (previously MPUG3009; UG100309)		<b>Lead Department: Health Services</b>	
<b>Policy/Procedure Title: Lactation Policy and Guidelines</b> (formerly Breastfeeding Guidelines)		<input checked="" type="checkbox"/> <b>External Policy</b> <input type="checkbox"/> <b>Internal Policy</b>	
<b>Original Date: 04/19/2000</b>		<b>Next Review Date: 10/19/2017</b> <b>Last Review Date: 10/19/2016</b>	
<b>Applies to:</b>	<input checked="" type="checkbox"/> <b>Medi-Cal</b>	<input type="checkbox"/> <b>Healthy Kids</b>	<input type="checkbox"/> <b>Employees</b>

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In accordance with the California Health and Safety Code, Section 1363.5, this policy was developed with involvement from actively practicing health care providers and meets these provisions:

- Consistent with sound clinical principles and processes
- Evaluated and updated at least annually
- If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request

The materials provided are guidelines used by PHC to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under PHC.