



Health & Human Services

Breast Pump (Electric and Manual)

Service Authorization Required
for E0604 (see rental instructions below)

DURABLE MEDICAL EQUIPMENT MANUAL

COVERAGE AND LIMITATION CRITERIA AND POLICIES

EFFECTIVE: March 2012

REVISED: December 2025

Breast Pump (Electric and Manual) Policy

Manual (E0602NU) and Electric (E0603NU) breast pumps should be used to promote lactation and to provide lactation support when natural feeding is not possible. These items are purchase only and do not require service authorization.

Hospital-grade electric breast pumps (E0604RR) do not require service authorization for the **initial** one-month rental. If additional rental months are needed, service authorization is required.

The Women, Infants, and Children's (WIC) Nutrition Program stocks a supply of hospital-grade electric pumps. If the child is enrolled in the WIC Program, the hospital-grade breast pump must be obtained through WIC, provided the supply is available.

Please note: If the member needs lactation services, North Dakota Medicaid encourages the member and provider to work together to contact the Women, Infants, and Children (WIC) program. WIC is a program for pregnant women, breastfeeding women, infants, and children under 5, and is available in all counties in North Dakota.

For more information or to find your local WIC office, please call 1-800-472-2286 or go to [the North Dakota WIC Program](#).

Indications and limitations of coverage and medical appropriateness:

Coverage Limits

- Limited to one manual breast pump every year, or
- One electric breast pump every 3 years.
- All supplies necessary to operate the hospital-grade electric breast pump are included in the monthly rental fee.



Health & Human Services

Breast Pump (Electric and Manual)

Service Authorization Required
for E0604 (see rental instructions below)

DURABLE MEDICAL EQUIPMENT MANUAL

COVERAGE AND LIMITATION CRITERIA AND POLICIES

EFFECTIVE: March 2012

REVISED: December 2025

Breast Pump (Electric and Manual) Policy

Documentation Requirements:

- A prescription from an ordering physician/practitioner.
- Physician/practitioner's documentation needs to address medical necessity.
- Physician/practitioner exam within 90 days of the service authorization start date.
- When submitting the service authorization for the hospital-grade electric breast pump, providers will be required to include an item description. The item description must include the manufacturer's name and item model number in the MMIS web portal service authorization note section.
- Types of hospital-grade electric breast pumps considered for coverage include the Medela Symphony Hospital Grade Breast Pump and the Lactina Select Breast Pump.

A service authorization for a hospital-grade electric breast pump is required for use beyond 1 month. Medicaid Utilization Review staff will review the records to determine if the following criteria are met:

- The mother is still utilizing the hospital-grade electric breast pump.
- Lactation cannot be initiated in the usual fashion or with a standard electric pump (E0603) because of conditions of the mother or baby, which prevent regular suckling. This includes but is not limited to prematurity, neonatal or maternal illness, neurological abnormalities, and anatomic abnormalities such as oro-facial or breast anomalies. The goal of the hospital-grade pump is to simulate as closely as possible the normal maternal physical and physiologic response to suckling to enhance adequate lactation and to produce sufficient milk for the infant's nutrition.
- Practitioner diagnosed medical/physical conditions that only require short-term maternal pumping, so there is no need for a purchased standard electric pump. These include mastitis, or maternal need for medications, which require pumping and discarding the milk. The practitioner must document, on a monthly basis, the continued need for the pump under the originally specified condition.



Health & Human Services

Breast Pump (Electric and Manual)

Service Authorization Required
for E0604 (see rental instructions below)

DURABLE MEDICAL EQUIPMENT MANUAL

COVERAGE AND LIMITATION CRITERIA AND POLICIES

EFFECTIVE: March 2012

REVISED: December 2025

Breast Pump (Electric and Manual) Policy

Date Revised	Revisions
January 2017	Reviewed and revised.
February 2020	Added new logo and added three bullets to the required documents – prescription, practitioner note, and medical necessity.
November 23, 2023	Reviewed and revised. Header logo updated with new logo.
November 29, 2023	Reviewed and reformatted. No changes made.
December 17, 2025	Reviewed and reformatted. Removed “CMN Required” verbiage from the header section.