




# Medical Assistance BULLETIN

<b>ISSUE DATE</b>  December 22, 2025	<b>EFFECTIVE DATE</b>  December 22, 2025	<b>NUMBER</b>  01-25-41, 08-25-42, 09-25-44, 10-25-07, 24-25-40, 25-25-03, 31-25-46, 33-25-40, 47-25-01
<b>SUBJECT</b>  Prior Authorization Guidelines for Hospital Grade Breast Pumps		<b>BY</b>   Sally Kozak Deputy Secretary Office of Medical Assistance Programs

**IMPORTANT REMINDER:** All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISe to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at: <https://www.pa.gov/agencies/dhs/resources/for-providers/provider-enrollment-information/provider-enrollment-documents>.

## **PURPOSE:**

The purpose of this bulletin is to advise providers of the new handbook pages that include the guidelines for prior authorization to support the medical necessity of prescriptions for hospital grade breast pumps after six months of rental.

## **SCOPE:**

This bulletin applies to physicians, certified registered nurse practitioners, physician assistants, certified nurse midwives, acute care hospitals, birth centers, hospital-based medical clinics, Federally Qualified Health Centers, Rural Health Clinics, pharmacies, and durable medical equipment suppliers enrolled in the Medical Assistance (MA) Program who order, refer, prescribe, or render services to MA beneficiaries in the Fee-for-Service (FFS) delivery system. Providers who order, refer, prescribe, or render services in the MA managed care delivery system should address any prior authorization questions to the appropriate managed care organization.

## **BACKGROUND/DISCUSSION:**

The Department of Human Services (Department) is mandated by Title XIX of the Social Security Act to implement a statewide utilization review program that safeguards against unnecessary or inappropriate use of services and excessive payments, assesses the quality of those services, and controls utilization of services. Prior authorization is meant to ensure that services are medically necessary and appropriate. Additionally, Section 443.6(b)(3) of the act

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Fee-for-Service Provider Service Center: 1-800-537-8862

Visit the Office of Medical Assistance Programs website at:  
<https://www.pa.gov/agencies/dhs/departments-offices/omap-info>

of June 13, 1967, (P.L. 31, No. 21), known as the Human Services Code, requires prior authorization for the rental of medical appliances or equipment for a period in excess of six months.

Hospital-grade breast pumps are a type of electric breast pump designed for frequent, long-term use. They are often used by mothers who need to pump frequently, such as those with premature infants or other medical conditions that make breastfeeding difficult.

On September 9, 2024, the Department issued MA Bulletin 99-24-07 titled, "Medical Assistance (MA) Program Fee Schedule Revisions", which added procedure code E0604 (Breast Pump, Hospital Grade, electric (AC and/or DC), any type). This procedure code requires prior authorization if it is rented for over 6 months.

On June 24, 2025, the Department advised providers of the change to Milliman Care Guidelines (MCG) in MA Bulletin 99-25-03 titled, "Updates to Screening Guidelines for Prior Authorization." There are no MCG guidelines for hospital grade breast pumps after six months of rental. Therefore, the Department is advising providers of the clinical guidelines to be utilized for prior authorization of hospital grade breast pumps after six months of rental for MA beneficiaries.

#### **PROCEDURE:**

Providers are to refer to the attachments to this MA Bulletin for the guidelines for the prior authorization review of hospital grade breast pumps. Providers may also refer to the Department's website to access the PROMISe™ Provider Handbooks at: <https://www.pa.gov/agencies/dhs/resources/for-providers/promise/promise-provider-handbooks-guides>.

As set forth in 55 Pa. Code § 1101.67(a), the procedures described in the handbook pages must be followed to ensure appropriate and timely processing of prior authorization requests for products that require prior authorization.

#### **ATTACHMENTS:**

Attachment 1 - PROMISe™ Provider Handbook 837 Professional/CMS-1500 Claim Form, Section 7.1.2.5 Prior Authorization of Hospital Grade Breast Pumps, Effective December 22, 2025.

Attachment 2 - PROMISe™ Provider Handbook 837 Institutional/UB-04 Claim Form, Section 7.1.2.3 Prior Authorization of Hospital Grade Breast Pumps, Effective December 22, 2025

#### **7.1.2.5 Prior Authorization of Hospital Grade Breast Pumps**

- I. General Requirements for Prior Authorization of Hospital Grade Breast Pumps
  - A. Prescriptions that Require Prior Authorization
  - B. Documentation for Review
  - C. Review of Documentation for Medical Necessity
  - D. Clinical Review Process
  - E. References

## **I. GENERAL REQUIREMENTS FOR PRIOR AUTHORIZATION OF HOSPITAL GRADE BREAST PUMPS**

### **A. Prescriptions that Require Prior Authorization**

All prescriptions for hospital grade breast pumps after six months of rental

### **B. Documentation for Review**

The following information should be submitted with an authorization request:

1. Gestational age of infant(s)
2. Birth length and weight of infant(s)
3. Growth record of infant(s)
4. Medication list of beneficiary
5. Documentation of any other pumps used (e.g. personal use manual or electric) and why they do not meet the needs of the beneficiary or infant

### **C. Review of Documentation for Medical Necessity**

In evaluating a request for prior authorization of a prescription for continued rental of a hospital grade breast pump, the determination of whether the requested service is medically necessary will take into account whether the beneficiary:

1. Is unable to nurse and provide adequately for the infant(s); **AND**
2. Personal use of manual or electric breast pumps do not adequately meet maternal or infant needs; **OR**
3. Takes medications that can be found in breast milk and would harm the infant(s).

### **D. Clinical Review Process**

Prior authorization personnel will review the request for prior authorization and apply the clinical guidelines in Section C to assess the medical necessity of a prescription for continued rental of a hospital grade breast pump. If the guidelines in Section C are met, the reviewer will prior authorize the service. If the guidelines are not met, the prior authorization request will be referred to a physician reviewer for a medical necessity determination. Such a request for prior authorization will be approved when, in the professional judgement of the physician reviewer, the services are medically necessary to meet the medical needs of the beneficiary.

### **E. References**

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### **7.1.2.3 Prior Authorization of Hospital Grade Breast Pumps**

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