

BREASTFEEDING BENEFIT COVERAGE GUIDELINES: Neighborhood Health Plan of Rhode Island

- This grid includes the general coverage parameters for Rite Care, Substitute Care, Children with Special Needs (CSN) and Rhody Health Partners (RHP).
- Bright Start® Prenatal Program packets are sent to all pregnant participants who have been identified to Neighborhood by their providers or who call to enroll in the Bright Start® Prenatal Program.
- Members with questions about their benefits, including breast pump availability, should contact Neighborhood Health Plan at 401-459-6020.
- Provider requests regarding the availability of breast pumps that have not been addressed by the vendors identified below can be made through DMenson, Inc. (Neighborhood's contracted provider for Durable Medical Equipment) at 1-866-205-2122.

	MOM / BABY CRITERIA	NETWORK / VENDOR / PRODUCT INFO Approved providers, vendors, products	REQUIRED STEPS Prescriptions, referrals, times specifications	PAYMENT SPECS Direct pay, co-pay, reimbursement
Education				
Prenatal Breastfeeding Classes / Childbirth Education Classes	Covered Service (group and individual classes)	Classes at contracted network providers ¹	No referral or authorization, show Neighborhood card at class	No co-pay
Breastfeeding Support Groups	Not a covered service	N/A	N/A	N/A
Lactation Support				
In-patient Hospital	Covered as part of inpatient stay	Any contracted network hospital		N/A
Out-patient Hospital	Covered Service	Needs to be performed by an International Board Certified Lactation Consultant (IBCLC)	<ul style="list-style-type: none"> Initial consult must occur w/in first 2 weeks after delivery Limited to 2 additional visits w/in first month after delivery No prior authorization required for initial lactation consult or 2 additional consults Neighborhood Medical Management must review requests for referrals beyond 3 visits per birth. 	No co-pay
Out-patient Home	Not a covered service	N/A	N/A	N/A
Equipment				
Manual Breast Pump	Covered benefit for medical necessity	Contracted DME vendor (see following provider list or contact Customer Service at 401-459-6020 for updates)	Submit prescription for mother or baby to DME vendor. No prior authorization required.	No co-pay
Electric Breast Pump	Covered benefit for medical necessity. Mother will only receive 1 pump every 3 years.		Refer to Clinical Medical Policy on Neighborhood website (http://www.nhpri.org/matriarch/documents/CMP-002.02%20Electric%20Breast%20Pumps%20Jan.2011.pdf) Submit prescription for mother or baby ² to DME vendor. No prior authorization required.	No co-pay
Electric Breast Pump, Hospital Grade	Covered with Authorization		Refer to Clinical Medical Policy on Neighborhood website (http://www.nhpri.org/matriarch/documents/CMP-002.02%20Electric%20Breast%20Pumps%20Jan.2011.pdf) Submit prescription for mother or baby ³ to DME vendor. Requires prior authorization, medical review. Return to work / school does not constitute medical necessity.	No co-pay
Electric Breast Pump Kit (Purchase)	Covered Benefit		Provided with electric pump	Authorized with electric pump – 1 max

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DME PROVIDER NAME	PHONE NUMBER	TURNAROUND TIME (upon receipt of authorization)	MANUAL PUMP (PURCHASE)	ELECTRIC PUMP (PURCHASE)	HOSPITAL GRADE ELECTRIC PUMP (RENTAL ONLY)
Vanguard Home Medical Equipment	401-468-1300	Same day	Yes	Yes	Yes
Simpson's Pharmacy	401-722-7600	Same day	Yes	Yes	No
South County Surgical Supply	401-783-1850	Same day	Yes	No	Yes
A Fitting Experience	401-398-2639	Same day	No	Yes	No

This list reflects DME providers known to provide breast pumps and is not all-inclusive of DMEnson's DME provider network.

¹ [Approved classes are listed in the Bright Start® Prenatal Program packets. Members who are not the in the Bright Start® Prenatal Program can contact the Bright Start® Coordinator at 1-401-459-6675](#)

[Please call 1-401-459-6019 to request a list of classes.](#)

^{1,3} [Prescription must be written by the mother's or baby's provider. Medical justification can reflect the needs of the mother or child.](#)