

Premier Health Plan

POLICY AND PROCEDURE MANUAL

Policy Number: MP.053.PH
Last Review Date: 08/09/2018
Effective Date: 10/01/2018

MP.053.PH - Breast Pumps

This policy applies to the following lines of business:

- ✓ Premier Employee

Premier Health Plan considers **Standard Electric Breast Pumps** medically necessary for any one of the following indications:

Infant

1. The infant is detained in the hospital (prolonged infant hospitalization) and the mother is discharged; OR
2. The infant has a congenital anomaly that interferes with its ability to feed (e.g., Down Syndrome, cleft lip or palate, cardiac anomaly, Pierre-Robin syndrome); OR
3. The infant has neurological problems (e.g., facial palsy, cerebral palsy, oral-motor dysfunction); OR
4. The infant is unable to initiate breast-feeding due to a medical condition (e.g., prematurity, oral defect); OR
5. Prematurity – less than 37 weeks gestation; OR
6. Low birth weight – less than 2500 grams; OR
7. Failure to thrive.

OR

Maternal (To prevent discomfort from breast engorgement):

1. Temporary weaning (i.e., direct breast feeding is not possible due to mother/infant separation, or mother is required to take a medication or undergo a diagnostic test that is contraindicated with breast feeding); OR
2. Multiple gestation delivery; OR
3. Temporary drug therapy which contraindicates breast feeding; OR
4. Maternal illness or condition requiring hospitalization; OR
5. Breast feeding mothers who will be separated from their baby for reasons of work, school, or sickness. The treating physician should furnish the reason the mother and baby will be separated.

Limitations

1. Breast pumps must be obtained from a Durable Medical Equipment (DME) provider.

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2. Not covered - Heavy duty hospital grade breast pumps are considered institutional equipment. DME that is considered institutional grade is not appropriate for use in the home.
3. Quantity Limitation: per [client] benefit plan

Background

A breast pump is a device used to extract milk from the breast of a lactating mother for purposes of feeding an infant when the mother is unable to be present at feeding time or when the infant is unable to breastfeed due to congenital anomalies; poor or weak sucking response or other medical condition of the infant or lactating mother that interferes with normal feeding.

All breast pumps consist of three basic parts: the breast shield, the pump, and the milk container. There are three types of breast pumps:

1. **Manual Breast Pumps** - operated manually by the individual. They are used by healthy persons, do not require a physician's order or prescription, and can be obtained over the counter.
2. **Standard Electric Breast Pumps** - alternating current/direct current (AC/DC) standard electric breast pumps are proven to be effective and medically appropriate when injury or illness of the mother or infant prevents normal breast feeding and a manual pump is not effective. An electric breast pump is used to extract milk from a lactating mother's breast for infant feeding when the infant is too sick or too weak to suck or when the mother cannot be present at feeding time. An electric breast pump is more effective than a manual pump in effectively emptying the breast of milk for the majority of women.
3. **Heavy Duty Hospital Grade Breast Pumps** (e.g., Lactina®, Symphony®) - piston operated pulsatile vacuum suction / release with a vacuum regulator (AC and/or DC). These pumps are institutional grade for use in the hospital as specified by the manufacturer.

Codes:

| CPT Codes / HCPCS Codes / ICD-10 Codes | |
|--|--|
| Code | Description |
| HCPCS codes covered if selection criteria are met (If Appropriate): | |
| E0602 | Breast Pump, manual, any type |
| E0603 | Breast pump, electric (AC and/or DC), any type |
| A4281 | Tubing for breast pump, replacement |
| A4282 | Adapter for breast pump, replacement |

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| A4283 | Cap for breast pump bottle, replacement |
| A4284 | Breast shield and splash protector for use with breast pump, replacement |
| A4285 | Polycarbonate bottle for use with breast pump, replacement |
| A4286 | Locking ring for breast pump, replacement |
| HCPCS codes covered for inpatient hospital setting: | |
| E0604 | Breast pump, heavy duty, hospital grade, piston operated, pulsatile vacuum suction/release cycles, vacuum regulator, supplies, transformer, electric (AC and/or DC) |

References

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8. U.S. Department of Health & Human Services. Health Resources and Service Administration (HRSA). Women's Preventive Services Guidelines. Affordable

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Disclaimer:

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