

# MedStar Health, Inc. POLICY AND PROCEDURE MANUAL

POLICY NUMBER: PAY.053.MH  
REVISION DATE: 02/15  
ANNUAL APPROVAL DATE: 02/15  
PAGE NUMBER: 1 of 6

SUBJECT: **Breast Pumps**  
INDEX TITLE: **Medical Management**  
ORIGINAL DATE: **January 2013**

**This policy applies to the following MedStar Health lines of business:  
(Check those that apply.)**

<b>COMMERCIAL</b>	<input type="checkbox"/> HMO	<input type="checkbox"/> PPO	<input type="checkbox"/> Fully Insured	<input type="checkbox"/> Individual Product	<input type="checkbox"/> Marketplace (Exchange)	<input checked="" type="checkbox"/> All
<b>GOVERNMENT PROGRAMS</b>	<input type="checkbox"/> MA HMO <input type="checkbox"/> MA PPO <input type="checkbox"/> MA C-SNP <input type="checkbox"/> MA D-SNP <input checked="" type="checkbox"/> MA All					
<b>OTHER</b>	<input checked="" type="checkbox"/> Self-funded/ASO					

## I. POLICY

It is the policy of MedStar Health, Inc. to provide payment for manual and electric breast pumps when the mother is willing to breast feed and it is medically necessary (refer to CRM.015.MH - Medical Necessity policy) and covered by the member's specific benefit plan.

MedStar Health, Inc. covers the purchase of a manual breast pump for all members.

MedStar Health, Inc. covers the purchase of a standard electric breast pump for use in the home according to the guidelines found in this policy.

## II. DEFINITIONS

N/A

## III. PURPOSE

The purpose of this policy is to define the indications for medical necessity for breast pumps.

#### IV. SCOPE

This policy applies to various MedStar Health, Inc. as indicated by the Benefit and Reimbursement Committee. These include, but are not limited to Medical Management, Benefit Configuration and Claims Departments.

#### V. PROCEDURE

##### A. Medical Description / 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.

There are 3 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.

##### B. Indications

A standard electric breast pump is considered 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 35 weeks gestation;  
Or
6. Low birth weight – less than 2500 gms;  
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.

Refer to Variations section

**C. Limitations**

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

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. Breast feeding is contraindicated in all of the following situations:
  - Infants with classic galactosemia (galactose 1-phosphate uridylyltransferase deficiency),
  - Mothers who have active untreated tuberculosis disease or are human T-cell lymphotropic virus type I–or II–positive,
  - Mothers who are receiving diagnostic or therapeutic radioactive isotopes or have had exposure to radioactive materials (for as long as there is radioactivity in the milk),
  - Mothers who are receiving antimetabolites or chemotherapeutic agents or a small number of other medications until they clear the milk,
  - Mothers who are using drugs of abuse ("street drugs"); Mothers who have herpes simplex lesions on a breast (infant may feed from other breast if clear of lesions).

**D. Codes**

*The following codes for treatments and procedures applicable to this policy are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.*

<u>Covered HCPCS</u>	<u>Description</u>
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
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

**Covered only for Inpatient Hospital setting:  
HCPCS**

**Description**



E0604 Breast pump, heavy duty, hospital grade, piston operated, pulsatile vacuum suction/release cycles, vacuum regulator, supplies, transformer, electric (AC and/or DC)

## E. Variations

### Medical Assistance Product

Rental of electric breast pump, as well as, purchase of supply kit for electric breast pump are covered for members with the Medical Assistance product.

It is the policy of MedStar Health, Inc. to encourage all qualified members to enroll in the Women, Infant and Children (WIC) Nutrition Program. MedStar Health, Inc. supplements benefits accordingly.

## F. Quality Audit

Quality Audit monitors policy compliance and/or billing accuracy at the request of the MedStar Health, Inc.'s Technology Assessment Committee or the Benefits Reimbursement Committee.

## G. Records Retention

Records Retention for documents, regardless of medium, are provided within the MedStar Health, Inc. Policy and Procedure CORP.028.MH Records Retention.

## H. References

### Medical Literature/Clinical Information:

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2. ECRI Institute: Hotline Response. Improving Feeding Behavior in Premature and Underweight Infants in the Neonatal Intensive Care Unit. Published: 08/28/2012.  
<https://members2.ecri.org/Components/Hotline/Pages/13230.aspx>
3. American Academy of Pediatrics. Policy statement: Breastfeeding and the use of human milk. Pediatrics 2012 Feb; 129(3):e827-e841.  
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5. Academy of Breastfeeding Medicine. Protocol #12 – Transitioning the Breastfeeding/Breastmilk-fed Premature Infant from the Neonatal Intensive Care Unit to Home. Dated: 9/17/2004. Available at:  
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**Regulatory/Government Source:**

1. U.S. Department of Health & Human Services. Health Resources and Service Administration (HRSA). Women's Preventive Services Guidelines. Affordable Care Act Expands Prevention Coverage for Women's Health and Well-Being. Accessed: June 24, 2014. Available at:  
<http://www.hrsa.gov/womensguidelines/>
2. Department of Health and Human Services. Agency for Healthcare Research and Quality. (AHRQ). National Guideline Clearinghouse (NGC). Moel Breastfeeding Policy. NGC #8015. Last Updated: Oct. 19, 2010.  
<http://www.guideline.gov/content.aspx?id=24013&search=breastfeeding>

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