

## DRAFT Medical Coverage Policy | Breast Pump Hospital Grade



**EFFECTIVE DATE:** 08|01|2022

**POLICY LAST UPDATED:** 06|11|2022

### OVERVIEW

A breast pump is a mechanical device used to extract milk from the breast of a lactating woman. Breast pumps typically fall into three categories, a manually operated, an electric/battery powered pump, or a hospital grade electric breast pump. This policy is applicable to hospital grade breast pumps.

For coverage of manual and electric breast pumps, refer to the Preventive Services for Commercial members in the related policy section. Hospital grade breast pumps are not covered as part of preventive services.

### PRIOR AUTHORIZATION

Not applicable

### MEDICAL CRITERIA

Not applicable

### POLICY STATEMENT

#### Medicare Advantage Plans and Commercial Products

A hospital grade electric breast pump is covered at the member's durable medical equipment benefit.

### BACKGROUND

Breast-feeding is the physiological norm for both mothers and their children. Breast milk offers medical and psychological benefits not available from human milk substitutes. The American Academy of Family Physicians recommends that all babies, with rare exceptions, be breast-fed and/or receive expressed human milk exclusively for the first six months of life. Breast-feeding should continue with the addition of complementary foods throughout the second half of the first year. Breast-feeding beyond the first year offers considerable benefits to both mother and child and should continue as long as mutually desired.

Hospital-grade electric breast pumps are specifically designed for reuse (sterilizable) and are not sold commercially. Manual and electric breast pumps that are available commercially are not designed for reuse and are most commonly sold to mothers with normal infants who are working, traveling, or cannot breast-feed the baby for other reasons.

### COVERAGE

#### Medicare Advantage Plans and Commercial Products

Benefits may vary between groups/contracts. Please refer to the Evidence of Coverage or Subscriber Agreement for applicable durable medical equipment, medical supplies, and prosthetic devices benefits/coverage.

### CODING

#### Medicare Advantage Plans and Commercial Products

The following code is covered:

**E0604** Breast pump, Hospital grade, electric (AC and/or DC), any type

Note: rental period is one month

## RELATED POLICIES

Preventive Services for Commercial Members

Prior Authorization via Web-Based Tool for Durable Medical Equipment (DME)

## PUBLISHED

Provider Update, July 2022

Provider Update, April 2022

Provider Update, April 2021

Provider Update, May 2020

Provider Update, August 2019

## REFERENCES

None

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