

Medical Coverage Policy | Breast Pump Hospital Grade



EFFECTIVE DATE: 01|01|17

POLICY LAST UPDATED: 09|05|2017

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

PRIOR AUTHORIZATION

Prior authorization is recommended and obtained via the online tool for participating providers. See the Related Policies

MEDICAL CRITERIA

A hospital-grade electric breast pump is considered medically necessary when one of the following criteria is met

- there is an involuntary separation of an infant from its mother for more than 24 hours due to illness or injury of the infant. OR
- a breast-feeding infant has a medical (for example, respiratory, cardiac or genetic condition) or congenital condition (for example, cleft palate) that interferes with breast-feeding

POLICY STATEMENT

BlueCHiP for Medicare and Commercial Products

A hospital grade electric breast pump is medically necessary at the member's durable medical equipment benefit when the medical criteria above have been met.

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

BlueCHiP for Medicare 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

BlueCHiP for Medicare and Commercial Products

The following code is considered medically necessary when the criteria above have been met:

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

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

PUBLISHED

Provider Update, November 2017

Provider Update, November/December 2016

Provider Update, December 2015

Provider Update, September 2014

Provider Update, January 2014

Provider Update, October 2012

Provider Update, October 2011

Provider Update, October 2010

Provider Update, August 2009

Provider Update, February 2009

Policy Update, September 2007

Policy Update, November 2006

Policy Update, September 2002

REFERENCES

None

CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

