



EFFECTIVE DATE: 05/10/1996
POLICY LAST UPDATED: 07/15/2014

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 documents the coverage for each type.

PRIOR AUTHORIZATION

Prior authorization is required for BlueCHiP for Medicare and recommended for Commercial Products for a Hospital Grade Breast Pump.

POLICY STATEMENT

BlueChip for Medicare and Commercial Products:

Hospital grade electric breast pump:

A hospital grade electric breast pump is medically necessary when the criteria below has been met.

Standard electric breast pump

Standard electric breast pumps that are commercially available are not covered and contract exclusion.

Manual breast pump

Manual pumps are covered In accordance with the Women's Health Preventive Guidelines of the Affordable Care Act, policies on "Preventive Services Commercial Members"

MEDICAL CRITERIA

A Hospital grade electric breast pump is considered medically necessary for a mother who is breast feeding when there is involuntary separation of an infant from its mother for more than 24 hours due to illness or injury of the infant.

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 (steriliable) 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 for other reasons they cannot breast-feed the baby.

COVERAGE

BlueCHiP for Medicare and Commercial

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

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

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

The following code is not covered:

E0603 Breast Pump, electric (AC and/or DC), any type

The following code is covered:

E0602 Breast Pump, manual any type

RELATED POLICIES

Preventive Services for Commercial Members

PUBLISHED

Provider Update	Sept 2014
Provider Update	Jan 2014
Provider Update	Oct 2012
Provider Update	Oct 2011
Provider Update	Oct 2010
Provider Update	Aug 2009
Provider Update	Feb 2009
Policy Update	Sept 2007
Policy Update	Nov 2006
Policy Update	Sept 2002

REFERENCES

None

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