



EFFECTIVE DATE: 12|1|2014

POLICY LAST UPDATED: 10|06|2015

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 recommended and obtained via the online tool for participating providers. See the Related Policies section.

POLICY STATEMENT

BlueCHiP for Medicare and Commercial Products

Hospital-grade electric breast pump:

A hospital-grade electric breast pump is medically necessary when the Medical Criteria below have 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 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

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

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

PUBLISHED

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

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