

Medical Coverage Policy



**Blue Cross
Blue Shield**
of Rhode Island

Hospital Grade Electric Breast Pumps

Device/Equipment Drug Medical Surgery Test Other

Effective Date:	05/10/1996	Policy Last Updated:	08/07/2012
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Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

This policy addresses hospital grade electric breast pumps (E0604) used for medically indicated conditions and not for the convenience of the mother. Pumps must be obtained from a DME provider.

Manual pumps are covered under preventive services see "Preventive Services Commercial Members" and "Preventive Services BlueCHiP for Medicare" policies.

Description:

A breast pump is a mechanical device used to extract milk from the breast of a lactating woman. Although there are many styles and models of breast pumps, they typically fall into two main categories: manual (operated by hand) and electric/battery-powered.

Medical Criteria

A hospital grade electric breast pump is considered medically necessary when there is **involuntary separation of an infant from its mother** for more than 24 hours, as a result of hospitalization of the infant due to illness or injury. The coverage for the breast pump ends once the infant is discharged from the hospital.

Policy:

All BCBSRI Products:

Prior authorization is required for BlueCHiP for Medicare, and recommended for all other BCBSRI products

Hospital grade electric breast pump:

A hospital grade electric breast pump is considered medically necessary when there is involuntary separation of an infant from its mother for more than 24 hours as a result of hospitalization of the infant due to illness or injury. The coverage ends once the infant is discharged from the hospital.

In accordance with our durable medical equipment rental benefit, hospital grade electric breast pumps are covered for a one month period of time in units of one month.

Manual breast pumps: (see policies on Preventive Services)

Electric breast pumps, with the exception of hospital grade electric breast pumps, are a contract exclusion.

Coverage:

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

Coding:

The following HCPCS code for a hospital grade breast pump is covered for all BCBSRI products (rental only, with the exception of the purchase price being met in the rental period, and unless otherwise dictated by BlueCard contracting)

Prior authorization is required for BlueCHiP for Medicare, and recommended for all other BCBSRI products

E0604 Breast Pump, Heavy Duty, Vacuum Regulator, supplies, transformer, Electric (AC and/or DC)

The following code is a contract exclusion:

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

Also known as:

Hospital grade breast pump
Manual breast pump
Electric breast pump

Related topics:

Durable Medical Equipment (DME): Includes Rent-to-Purchase, Repair and Replacement...
Preventive Services for Commercial Members
Preventive Services for BlueCHiP for Medicare

Published:

Policy Update, September 2002
Policy Update, November 2006
Policy Update, September 2007
Provider Update, July 2008
Provider Update, February 2009
Provider Update, August 2009
Provider Update, October 2010
Provider Update, October 2011
Provider Update, October 2012

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