Medical Coverage Policy | Hospital Grade <u>Electric Breast Pump</u>



EFFECTIVE DATE: 05 | 10 | 2006 **POLICY LAST UPDATED:** 11 | 05 | 2013

OVERVIEW

A breast pump is a mechanical device used to extract milk from the breast of a lactating woman. Breast pumps typically fall into two categories, a manually operated and an electric/battery powered pump. This policy documents coverage criteria for a hospital grade electric breast pumps

PRIOR AUTHORIZATION

Prior authorization is required for BlueCHiP for Medicare and recommended for Commercial Products.

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. The coverage for the hospital grade electric breast pump 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.

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

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 Commerical

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

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

The following HCPCS code is a contract exclusion:

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

RELATED POLICIES

Durable Medical Equipment (DME) Preventive Services for Commercial Members

PUBLISHED

| Provider Update | Jan 2014 |
|-----------------|-----------|
| Provider Update | Oct 2012 |
| Provider Update | Oct 2011 |
| Provider Update | Oct 2010 |
| Provider Update | Aug 2009 |
| Provider Update | Feb 2009 |
| Provider Update | July 2008 |
| Policy Update | Sept 2007 |
| Policy Update | Nov 2006 |
| Policy Update | Sept 2002 |

REFERENCES

None.

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