



BREAST PUMPS

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Overview

The American Academy of Pediatrics, the American Academy of Family Physicians, and the World Health Organization recommend exclusive breastfeeding for the first six months of life for all infants in whom breastfeeding is not specifically contraindicated. Breastfeeding should be continued for at least the first year of life. Complementary foods are typically introduced gradually beginning around 6 months of age.

Many women find it convenient or necessary to use a breast pump to express and store their breast milk once they have returned to work, are traveling, or are otherwise separated from their baby. Breast pumps are medical devices regulated by the U.S. Food & Drug Administration (FDA). There are three basic types of breast pumps:

1. Manual
2. Electric
3. Hospital-grade

Most manual and electric breast pumps are FDA-approved for personal use (i.e., by a single user). Manual and small light-weight electric pumps are intended for occasional use by a single user. Top quality electric pumps are intended for repeated use by a single user. Personal use pumps are portable and come with carrying cases. Most electric pumps also operate on batteries for situations where an electrical outlet is not available.

Hospital-grade breast pumps are designed to be used in hospitals by multiple users. The term hospital-grade has little to do with how well the pump works and more to do with features that make it safe for use in a hospital setting. Hospital-grade pumps have a protective membrane that prevents cross-contamination through the pumping mechanism, enabling it to be used by more than one woman as long as each one uses a separate pumping kit (breast shield, tubing, and milk container). Hospital-grade pumps are subject to special requirements contained in the Medical Electrical Equipment Standards and Power Supply Cord Standards. Hospital-grade breast pumps are not portable and do not operate on batteries.

Policy

Breast pumps require prior authorization by FCHP

FCHP covers the purchase of an electric breast pump (HCPCS code E0603) for a plan member whose infant is unable to breastfeed because:

1. The infant is detained in the hospital due to prematurity or a medical condition after the plan member has been discharged, or
2. The infant has a congenital anomaly that interferes with his or her ability to breast feed effectively.

The breast pump must be ordered by the infant's pediatrician.

MassHealth

In accordance with contractual obligation, FCHP will cover the purchase of a manual breast pump (E0602), as an alternative to the purchase of an electric breast pump, for a MassHealth member whose infant remains hospitalized due to prematurity or a medical condition after she has been discharged.

FCHP will cover the rental of a hospital-grade breast pump (E0604), as an alternative to the purchase of a manual or electric breast pump, for a MassHealth member whose infant remains hospitalized due to prematurity or a medical condition after she has been discharged. Rental of a hospital-grade breast pump will only be covered while the infant remains hospitalized.

The breast pump must be ordered by the infant's pediatrician.

Exclusions

1. The purchase of an electric breast pump (E0603) for reasons of personal preference or convenience, e.g., to facilitate return to work, travel, etc.
2. The purchase of a manual breast pump (E0602), except for MassHealth members in accordance with contractual obligation.
3. The purchase or rental of a hospital-grade breast pump (E0604), except for MassHealth members in accordance with contractual obligation. FCHP does not separately reimburse supplies (A4281-A4286) used with a hospital-grade breast pump.

Codes

Breast pumps are considered durable medical equipment (DME) and are subject to the terms and conditions of the plan member's DME benefit as described in the plan member's Evidence of Coverage.

Codes	Number	Description
HCPCS	E0602	Breast pump, manual, any type
	E0603	Breast pump, electric (ac and/or dc), any type
	E0604	Breast pump, heavy duty, hospital grade, piston operated, pulsatile vacuum suction/release cycles, vacuum regulator, supplies, transformer, electric (AC and/or DC)

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Products to Which This Policy Applies

- ⊕ FCHP Direct & Select Care
- ⊕ Fallon Preferred Care
- ⊕ Major Medical
- ⊕ MassHealth
- ⊕ Commonwealth Care
- ⊕ Companion Care
- ⊕ Fallon Senior Plan™

References

1. American Academy of Pediatrics, Section on Breastfeeding. Policy Statement. Breastfeeding and the use of human milk. *Pediatrics*. 2005; 115:496-506.
2. Massachusetts Breastfeeding Coalition. Massachusetts Breastfeeding Resource Guide. 2008 Edition. Available at: www.massbfc.org.

Committee Review Dates:

Technology Assessment Subcommittee: 04/27/10

Technology Assessment Committee: 06/02/10

IMPORTANT NOTE

Not all services are covered for all commercial products or employer groups. Even though this policy may indicate that a particular service or supply is considered covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. You need to consult the Evidence of Coverage to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and your plan of benefits, the provisions of your benefits plan will govern. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, Federal mandates will apply to all plans. With respect to Medicare and Medicaid members, this policy will apply unless Medicare and Medicaid policies extend coverage beyond this Medical Policy & Criteria Statement.