

Breast Pumps

Date of Origin: 09/2019

Last Review Date: 09/23/2020

Effective Date: 10/01/2020

Dates Reviewed: 09/2019, 09/2020

Developed By: Medical Necessity Criteria Committee

I. Description

Breastfeeding and human milk are the normative standards for infant feeding and nutrition. There are documented short- and long-term medical and neurodevelopmental advantages of breastfeeding. Breast milk is widely acknowledged as the ideal source of nutrition for infants, with advantages such as decreased incidence of the number of acute and chronic diseases as documented in the literature. The American Academy of Family Physicians (AAFP) recommends that all babies be breastfed exclusively the first 6 months of life.

II. Criteria: CWQI HCS-0269

- A. Moda health will consider coverage for rental of hospital grade breast pump medically necessary when ALL of the following criteria are met;
 - a. A manual, battery powered, or standard electric breast pump has been trialed and failed, and any ONE of the following indications;
 - i. Prolonged separation or repeat hospitalization of either the infant or mother which makes impossible to breastfeed, **or**
 - ii. An infant with a medical condition or congenital anomaly (cleft palate, cleft lip, and other anomalies of the tongue, mouth or pharynx) that prevents effective breastfeeding, **or**
 - iii. A mother with a medical condition or structural anomaly that prevents effective breastfeeding including;
 - 1. Mastitis
 - 2. Breast abscess
 - b. Rental of hospital grade breast pump (E0604)
 - i. requires a member to have a physician's prescription
 - ii. is obtained from a contracted Durable Medical Equipment (DME) provider
 - c. Rental of a hospital grade breast pump when requested for convenience is considered NOT medically necessary
 - d. Replacement supplies such as replacement cap, nipple or lid for breast pump bottle, replacement locking ring, replacement polycarbonate bottle, are NOT covered

III. Information Submitted with the Prior Authorization Request:

- 1. Chart notes that identify the medical necessity of the equipment
- 2. Documentation of a physician's order

IV. CPT or HCPC codes covered:

Codes	Description
E0602	Breast pump, manual, any type
E0603	Breast pump, electric (AC and/or DC), any type
E0604	Breast pump, hospital grade, electric (AC and /or DC), any type

V. Annual Review History

Review Date	Revisions	Effective Date
09/25/2019	New criteria	01/01/2020
09/23/2020	Annual Review: No changes	10/01/2020

VI. References

1. Breastfeeding and the use of human milk.
<https://pediatrics.aappublications.org/content/129/3/e827>
2. Breastfeeding. American Academy of Family Physicians; <https://www.aafp.org/patient-care/public-health/breastfeeding.html>

Appendix 1 – Applicable Diagnosis Codes:

Codes	Description

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD):

Jurisdiction(s): 5, 8	NCD/LCD Document (s):

NCD/LCD Document (s):

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC