

## **Guidelines for OVHA Coverage**

### **ITEM:** Electric Breast Pump

**DEFINITION:** A device used to extract milk from a lactating mother's breast for infant feeding when the mother cannot be present for feeding (for medical reasons) or when the infant is too sick or too weak to suck. Electric devices have been demonstrated to be more effective than manual pumping devices in achieving the highest volume of milk output.

**GUIDELINES:** Breast pumps are appropriate for the infant beneficiary who:

- Demonstrates a medical inability to suck/swallow sufficiently to sustain growth and development (examples: cleft palate, craniofacial abnormalities, oral thrush, congenital heart disease resulting in impaired endurance for feeding, failure to thrive, prematurity <37 weeks when gavage feedings are necessary, jaundice, hyperbilirubinemia. Coverage ends when the infant is able to breastfeed successfully) OR
- Is in a hospital setting such as a NICU where the mother cannot be present at all times when feeding is appropriate (coverage ends when hospitalization ends unless the infant returns home with an applicable diagnosis) OR
- For the maternal beneficiary only when the mother is hospitalized and cannot be present for the infant at all times when feeding is appropriate (most hospitals have electric breast pumps that can be used by hospitalized mothers, so this would be a rare occurrence, coverage ends upon return home) OR
- To initiate or sustain milk production in cases when the maternal beneficiary must pump & discard

Note: There is no coverage for nonmedical reasons such as maternal return to work or infant entering a daycare setting,

### **APPLICABLE CODES:**

- E0603 – Breast pump, electric (AC and/or DC), any type. This code is covered for rental only (requires RR modifier), PA needed after 3 months, & may be billed with the infant or mother MID.
- E0604 – Breast pump, heavy duty, hospital grade, piston operated, pulsatile vacuum suction/release cycles, vacuum regulator, supplies, transformer, electric (AC and/or DC.) This code is covered for rental only (requires RR modifier), PA needed after 3 months, & may be billed with the infant or mother MID.

**CAUTIONS:** Lactation education support may be needed for proper use of device and success of breastfeeding with a medically involved infant.

**EXAMPLES OF DIAGNOSES:** Cleft palate, craniofacial abnormalities, oral thrush, congenital heart disease resulting in impaired endurance for feeding, failure to thrive, prematurity <37 weeks when gavage feedings are necessary, jaundice, hyperbilirubinemia, and hospitalization of infant/mother separately.

**REQUIRED DOCUMENTATION:** Current, complete Certificate of Medical Necessity demonstrating the medical necessity of the device and all accessories to the device. Supporting documentation demonstrating an infant's medical inability to suck/swallow sufficiently to sustain growth and development (coverage ends when the infant can breastfeed successfully) OR the infant is in a hospital setting such as a NICU where the mother cannot be present at all times when feeding is appropriate OR the maternal beneficiary is hospitalized and cannot be present for the infant at all times when feeding is appropriate (most hospitals have electric breast pumps that can be used by hospitalized mothers, so this would be a rare occurrence. Coverage ends when hospitalization ends; dates must be documented) OR to initiate or sustain milk production in cases when the maternal beneficiary must pump and discard. Note: There is no coverage for nonmedical reasons such as maternal return to work or infant entering a daycare setting,

The device is always rented, never purchased. The first 3 months of use requires no prior authorization. Approval for more than 3 months requires prior authorization unless there is a change in diagnosis driving the need for the breast pump (example: an infant has oral thrush; 3 months later the child develops failure to thrive).

**REFERENCES:** American Academy of Pediatrics, AAP Policy "Breastfeeding and the Use of Human Milk. Pediatrics Vol 100 #6, pp 1035-1039. [www.cigna.com](http://www.cigna.com) CIGNA Healthcare Coverage Position. Subject: Breast Pumps. Coverage Position # 0046. Effective date: 5/15/04. [www.regence.com](http://www.regence.com) Medical Policy DME Section: Electric Breast Pump. Revised 10/7/03. Policy #5. Green, D. et al. The relative efficacy of 4 methods of human milk expression. Early Human Dev. 1982 Apr 6(2):153-9. [www.nutrition.berkeley.edu](http://www.nutrition.berkeley.edu). Breast Milk: Expression and Storage. Jones E et al. A randomized, controlled trial to compare methods of milk expression after preterm delivery. Arch Dis Child Fetal Neonatal Ed 2001;85:F91-95 (Sept.). [www.mmhs.com](http://www.mmhs.com) Health Library A-Z. High Risk Newborn Milk Expression. [www.thebreastsite.com](http://www.thebreastsite.com). Breast Pump Services and Resources. [www.vh.org](http://www.vh.org). Virtual Children's Hospital. Breast is Best. Dept. of Nsg, Children and Women's Services/OB GYN. Patient Education Committee. July 2000. [www.guideline.gov](http://www.guideline.gov). National Guideline Clearinghouse. Evidence based guidelines for breastfeeding management during the first fourteen days. Bibliographic source : International Lactation Consultant Association; Raleigh NC: International Lactation Consultant Association; 1999 April.

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