



Clinical Medical Policy Electric Breast Pumps

Benefit Coverage:

Covered benefit include manual pumps, and electric breast pumps when medically necessary.

Description:

An electronic device that enables a nursing mother to pump her breast milk into a storage container so that it can be refrigerated or frozen for later use.

Coverage Determination:

Ordering practitioner to consider option of manual breast pump prior to requesting an electric breast pump.

Neighborhood Health Plan of Rhode Island (NHPRI) covers Electric Breast Pumps - prior authorization is not required for purchase of personal electric pumps (HCPC Code E0603).

However, rentals of hospital grade electric breast pumps (HCPC Code E0604) do require prior authorization and medical review. If criteria are met, initial authorization is for a period of 1 month.

If a request is received to extend authorization for rental equipment beyond 1 month, and, Utilization Management staff will contact member to determine:

- If electric breast pump still being utilized by mom
- How much longer mom expects to need the equipment
- If mom would like to speak to someone about a lactation consultant

If there is continued need identified by member, a Medical Review Nurse will contact the attending/ordering practitioner to determine if criteria continue to be met.

Criteria:

Breast pumps, manual and electric, should be used to promote lactation and to provide lactation support when natural feeding is not possible. When offered for medical reasons, electric breast pumps should be accompanied by consultation with a lactation specialist to insure appropriate use of equipment, storage of milk, transition to natural breast-feeding and other support.

Purchase of Standard Electric Breast Pumps (E0603)

The purchase of standard electric breast pumps are recommended when one of the following is met:

1. Breast pumping is going to substantially replace natural breast-feeding because of medical/physical conditions of the mother or infant. This includes, but is not limited to hospitalization of the infant or mother and medical or physical conditions of the infant or mother which impair latching on/or effective suckling



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2. The mother is unable to effectively use a manual pump for medical/physical reasons.
3. Natural breast-feeding techniques and/or use of a manual pump are insufficient to promote adequate lactation, resulting in inadequate milk production, poor infant weight gain, or failure to establish an effective breast-feeding pair.

Rental of Hospital Grade Electric Pumps (E0604)

Authorization of hospital grade electric breast pumps is contingent upon the following criteria:

1. Lactation cannot be initiated in the normal fashion or with a standard electric pump because of conditions of the mother or baby, which prevent normal suckling. This includes but is not limited to prematurity, neonatal or maternal illness, neurological abnormalities, and anatomic abnormalities such as oro-facial or breast anomalies. The goal of the hospital grade pump is to simulate as closely as possible the normal maternal physical and physiologic response to suckling to enhance effective lactation and to produce sufficient milk for the infant's nutrition.
2. Physician-diagnosed medical/physical conditions, which will only require short term maternal pumping, and therefore there is no need for a purchased standard electric pump. These include mastitis, or maternal need for medications, which require pumping, and discarding the milk. The physician will be required to document the continued need for the pump for the originally specified condition on a monthly basis.

Covered Procedures:

BREAST PUMP	CRITERIA	HCPCS CODES
Manual Breast Pumps	Prior authorization is not required. Covered benefit for purchase when medically necessary.	E0602
Standard Electric Breast Pumps	Prior authorization is not required. Covered benefit for purchase when medically necessary.	E0603
Rental of Hospital Grade Electric Breast Pumps	Prior authorization is required. Initial and continued authorization of hospital grade electric breast pumps is contingent upon the above criteria.	E0604



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CMP Number: CMP-002.01

CMP Cross Reference:

References:

Baby-Friendly Hospital Initiative Improves Breastfeeding Initiation Rates in a US Hospital Setting, By: Philipp, Barbara L., Merewood, Anne, Miller, Lisa W., Chawla, Neetu, Murphy-Smith, Melissa M., Gomes, Jenifer S., Cimo, Sabrina, Cook, John T., Pediatrics, 0031-4005, September 1, 2001, Vol. 108, Issue 3

<http://www.lalecheleague.org/FAQ/pump.html>

Consumer Reports- *Breast Pumps*, April 2007.

Kellymom Breastfeeding & Parenting, *Establishing and Maintaining Milk Supply When Baby is Not Nursing*, Kelly Bonyata, BS, IBCLC, 10/10/2005

www.kellymom.com/bf/supply/maintainsupply-pump.html

U.S. Food and Drug Administration, *Choosing a Breast Pump*, May 3, 2007.

Hollister – Ameda HygieniKit Additional Claim, Letter from Department of Health and Human Services confirms FDA approval and ability to market the device.

Rhode Island Breast Feeding Coalition website:

<http://www.health.ri.gov/family/breastfeeding/insurancebenefits.php>

Created:

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