



**Subject:** Breast and Chest Pumps

**Revision Date:** 7/23

## DESCRIPTION

Breast and chest pumps are medical devices regulated by the FDA. These devices are often used by breastfeeding and chestfeeding individuals to extract (“express”) milk. Pumps can also be used to maintain or increase a birthing person’s supply, relieve engorgement, and plugged milk ducts, or pull out flat or inverted nipples so a nursing baby can latch-on more easily.

There are three basic types of breast pumps:

- Manual pumps
- Battery-powered pumps
- Electric pumps

## POLICY

The OSU Health Plan considers the purchase of one manual **or** one standard electric breast/chest pump (HCPCS E0602 or E0603) medically necessary per birth or adoption without cost sharing for a covered breastfeeding or chestfeeding individual. All OSU health plans must utilize a network provider for the claim to be processed without member responsibility. The pump can be obtained during the 3<sup>rd</sup> trimester or postpartum period.

The OSU Health Plan considers rental of an electric, heavy-duty, hospital-grade breast/chest pump (HCPCS E0604) medically necessary for any of the following indications:

- When a breastfeeding or chestfeeding infant is confined to the hospital (rental is not considered medically necessary once the infant is discharged unless another indication is met); or
- When a breastfeeding or chestfeeding infant has a medical, congenital, or genetic condition that interferes with feeding (for example, respiratory or cardiac condition, cleft palate); or
- For any infants who for medical reasons are temporarily unable to nurse directly from the breast/chest, such as during hospitalization of the birthing person; or
- For multiples (including twins), until breastfeeding or chestfeeding is established consistently; or
- When the birthing person has been unsuccessful expressing sufficient breast milk after a trial using a manual, battery powered or standard electric pump, when the following criteria are met:
  - Trial of standard pump is well documented (i.e., lactation consultation notes, etc.).
  - Medical necessity review is required every 3 months after initial authorization. Coverage will be limited to the first 12 months of life if approved.
- When the infant has poor weight gain related to milk production and pumping milk is an intervention in the provider’s plan of care, when the following criteria are met:
  - The infant has a documented weight loss of 7% or greater despite use of conventional

- breast pump for a minimum of 2 weeks.
- Medical necessity review is required every 3 months after initial authorization. Coverage will be limited to the first 12 months of life if approved.

A hospital grade breast/chest pump is not medically necessary when the above criteria are not met or when it is requested solely to allow for the birthing person's return to work or for convenience.

Rental of an electric, heavy-duty, hospital-grade pump (HCPCS E0604) is covered according to the member's DME benefit. One hospital-grade pump supply kit (e.g., tubes, flanges, valves) will be allowed with hospital-grade pump approval.

The OSU Health Plan considers purchase of heavy duty electrical (hospital grade) pumps not medically necessary.

## **PROCEDURE**

The covered individual can obtain a breast/chest pump according to the guidelines specified above. Network restrictions may apply based on the covered individual's health plan.

Members may choose to upgrade their standard pump to a pump with extra features (such as the Willow or Elvie wearable breast pump, Spectra S1, etc.); however, OSU Health Plan will only reimburse the contracted rate for a standard pump. The member is responsible for the cost difference. As the upgrade is not a covered expense, the upgrade cost does not apply to the member's out-of-pocket maximum.

## **PRIOR AUTHORIZATION**

Rental of an electric, heavy-duty, hospital-grade pump (HCPCS E0604) requires prior authorization.

## **EXCLUSIONS**

The OSU Health Plan does not cover the following pump-related items:

- Baby weight scales
- Batteries, battery-powered adaptors, and battery packs
- Standard bottles which are not specific to pump operation including the associated bottle nipples, caps, and lids
- Standard milk storage bags, icepacks, labels, labeling lids, and other similar products
- Pump cleaning supplies including soap, sprays, wipes, steam cleaning bags and other similar products
- Creams, ointments, and other products that relieve breasts, chest and/or nipples
- Electrical power adapters for travel
- Garments or other products that allow hands-free pump operation
- Nursing bras, bra pads, breast shells, nipple shields, and other similar products
- Travel bags, and other similar travel or carrying accessories
- Upgrade charge for a non-standard pump (such as Willow or Elvie wearable breast pumps, Spectra S1, etc.)
- Manual, electric or hospital-grade pump for a breastfeeding or chestfeeding individual without OSU Health Plan coverage

## CODING GUIDELINES

<b>HCPCS codes covered if selection criteria are met:</b>	
A4281	Tubing for breast pump, replacement (hospital-grade pump only)
A4282	Adapter for breast pump, replacement (hospital-grade pump only)
A4283	Cap for breast pump bottle, replacement (hospital-grade pump only)
A4284	Breast shield and splash protector for use with breast pump, replacement (hospital-grade pump only)
A4285	Polycarbonate bottle for use with breast pump, replacement (hospital-grade pump only)
A4286	Locking ring for breast pump, replacement (hospital-grade pump only)
E0602 (purchase)	Breast pump, manual, any type
E0603 (purchase)	Breast pump, electric (AC and/or DC), any type
E0604 (rental)	Breast pump, hospital grade, electric (AC and/or DC), any type

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