



**Subject:** Breast Pumps

**Revision Date:** 8/25

## DESCRIPTION

Breast pumps are medical devices regulated by the U.S. Food and Drug Administration (FDA). Breastfeeding parents often use these devices to express milk, maintain, or increase milk supply, relieve engorgement, or plugged ducts, and assist with latch challenges due to flat or inverted nipples.

There are three basic types of breast pumps:

- Manual pumps
- Battery-powered pumps
- Electric pumps

## APPLICABILITY

This policy applies to all benefit plans administered by the OSU Health Plan (OSUHP).

## DEFINITIONS

Breast pump is a device for drawing milk from a breast by suction.

## POLICY

The OSU Health Plan considers the purchase of one manual **or** one standard electric breast pump (HCPCS E0602 or E0603) medically necessary per birth or adoption without cost sharing for a covered breastfeeding parent. All OSU Health Plan members must utilize a network provider for the claim to

be processed without incurring out-of-pocket costs. Pumps may be obtained during the third trimester or postpartum period.

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

- When a breastfeeding 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 infant has a medical, congenital, or genetic condition that interferes with feeding (for example, respiratory or cardiac condition, cleft palate); or
- For any infant who for medical reasons are temporarily unable to nurse directly from the breast, such as during hospitalization of the breastfeeding parent; or
- For multiples (including twins), until breastfeeding is established consistently; or
- When trial of a manual, battery powered, or standard electric pump has been unsuccessful in expressing sufficient breast milk. All of the following criteria must be 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. All of the following criteria must be 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.

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

## PROCEDURE

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

A covered person 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 covered person is responsible for the cost difference. As the upgrade is not a covered expense, the upgrade cost does not apply to the covered person's out-of-pocket maximum.

If an electric, heavy-duty, hospital-grade pump (HCPCS E0604) is not available from a network provider, OSUHP may authorize use of an out-of-network provider. In such cases, coverage will be at the in-network benefit level if access limitations are verified by OSUHP.

## 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 (HCPS A4287), icepacks, labels, labeling lids, and other related products
- Pump cleaning supplies including soap, sprays, wipes, steam cleaning bags and other related 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 related 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 individual not enrolled in an OSU Health Plan.

## CODING

HCPCS codes covered if selection criteria are met:

HCPCS	Description
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

## REFERENCES

Aetna. (2023). Breast pumps. [http://www.aetna.com/cpb/medical/data/400\\_499/0421.html](http://www.aetna.com/cpb/medical/data/400_499/0421.html)

Anthem. (2022). Electric breast pumps.

[https://www.anthem.com/dam/medpolicies/abcbs/active/guidelines/gl\\_pw\\_c164437.html](https://www.anthem.com/dam/medpolicies/abcbs/active/guidelines/gl_pw_c164437.html)

Breast pumps. (2019, June 15). Retrieved October 16, 2019, from

[https://cignaforhcp.cigna.com/public/content/pdf/coveragePolicies/medical/mm\\_0046\\_coverage\\_positioncriteria\\_breastpumps.pdf](https://cignaforhcp.cigna.com/public/content/pdf/coveragePolicies/medical/mm_0046_coverage_positioncriteria_breastpumps.pdf)

"Faculty and Staff Health Plans Specific Plan Details Document." The Ohio State University Office of Human Resources, Dec. 2022. <https://hr.osu.edu/wp-content/uploads/medical-spd.pdf>.

FAQS about Affordable Care Act Implementation (Part XXIX) and Mental Health Parity Implementation. (2015, October 23). Retrieved January 11, 2016, from

<https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/FAQs-Part-XXIX.pdf>

Hospital grade electric breast pump. (2012, July). Retrieved January 19, 2016, from

[http://www.bcbsvt.com/wps/wcm/connect/b991d6d5-e2a0-42ba-b0b7-0479103e6592/Hospital\\_Grade\\_Electric\\_Breast\\_Pump\\_2012.pdf?MOD=AJPERES](http://www.bcbsvt.com/wps/wcm/connect/b991d6d5-e2a0-42ba-b0b7-0479103e6592/Hospital_Grade_Electric_Breast_Pump_2012.pdf?MOD=AJPERES)

Jordan, J. (2021). Blue cross blue shield (BCBS) breast pump coverage.

<https://aeroflowbreastpumps.com/blog/anthem-blue-cross-coverage>

Medicaid Coverage of Lactation Services. (2012, January 10). Retrieved December 5, 2016, from

[https://www.medicaid.gov/medicaid/quality-of-care/downloads/lactation\\_services\\_issuebrief\\_01102012.pdf](https://www.medicaid.gov/medicaid/quality-of-care/downloads/lactation_services_issuebrief_01102012.pdf)

Tufts Health Plan. (2023). Breast pumps.

<https://tuftshealthplan.com/documents/providers/guidelines/medical-necessity-guidelines/breast-pumps-medical-necessity-guideli>

United States Breastfeeding Committee, National Breastfeeding Center. *Model Policy: Payer Coverage of Breastfeeding Support and Counseling Services, Pumps and Supplies*. 2nd rev ed.  
Washington, DC: United States Breastfeeding Committee and National Breastfeeding Center;  
2014.