Medical Policy

Northwood

Breast Pumps and Accessories

Description

A breast pump is a suction device used for withdrawing milk from the breast of a lactating mother for infant feeding when the mother cannot be present at feeding time or when the infant is too sick or too weak to suck.

There are three types of pumps available: manual, electric and heavy-duty hospital grade.

a) Manual pumps are operated by the individual using their hands. Many manual breast pumps use a system of two cylinders to create suction. Once the breast shield is placed over the nipple and areola, a small cylinder-shaped tube is pumped in and out of a larger cylinder to create a vacuum that expresses milk and collects it in an attached container.
b) Battery powered and standard electric pumps are powered by either AC or DC current.
c) Heavy duty hospital grade pumps are electric powered, piston operated and provide vacuum suction/release cycles with a vacuum regulator.

Policy

For members covered under plans subject to the Patient Protection and Affordable Care Act (PPACA) for coverage of breast pumps, the following are covered when obtained via an in-network provider:

- Standard electric breast pump (non-hospital grade – unless allowed per State Medicaid requirements)
- Coverage is limited to the purchase no more frequently than once per birth.

Breast pump supplies, including:

- tubing for breast pump
- adapter for breast pump
- cap for breast pump bottle
- breast shield and splash protector for use with breast pump
- polycarbonate bottle for use with breast pump
- locking ring for breast pump

Note: The following policy applies to new health plans and non-grandfathered plans that are currently subject to the Patient Protection and Affordable Care Act (PPACA) requirements for coverage of breast pumps, with coverage beginning in the first plan year that begins on or after August 1, 2012 (please check benefit plan descriptions):

Breast Pumps and Accessories

- Rental or purchase of a manual or standard electric breast pump is considered reasonable and necessary for breastfeeding in the postpartum period – and in conjunction with each birth.

- Rental of a heavy duty electrical (hospital grade) breast pump is reasonable and necessary for the period of time that a newborn is detained in the hospital – and in conjunction with each birth (NH Medicaid allows up to a 3-month rental).

The rental or purchase of a **standard electric** breast pump for plans **not** subject to Patient Protection and Affordable Care Act (PPACA) may be covered when one or more of the following conditions exist:

- The infant is unable to initiate breastfeeding due to a medical condition such as oral defect, cardiac/pulmonary anomalies, etc.
- For multiples or twins until breast feeding at the breast is established consistently
- For premature babies born at 35-36 weeks of gestation when the infant continues to experience difficulty coordinating suck and swallow and the mother is pumping breast milk awaiting the baby's ability to nurse directly from the breast
- For premature babies born at 24-34 weeks of gestation and the mother is pumping breast milk awaiting the baby's ability to nurse directly from the breast
- When the mother has an anatomical breast problem such as inverted nipples or mastitis which may resolve with the use of a breast pump
- When the infant has poor weight gain and pumping breast milk is an intervention in the pediatrician's plan of care
- For any infant who is temporarily unable to nurse directly from the breast such as a baby in NICU or during any hospitalization of the mother or baby that interrupts the ability to nurse
- For mother/infant separation
- When the mother is required to take a medication or undergo a diagnostic test that is contraindicated with breastfeeding

Policy Guidelines

Coverage Criteria:

Documentation must be less than 30 days old and include:

- Diagnosis/medical condition of the infant relating to the need for a breast pump.
- Infant's age (gestational age, if premature)

- Mother's discharge date **(Not required for SHP plans – see "Special Coverage Information Per Plan" box below)**
- Anticipated duration of need.

Associated supplies needed for the operation of the breast pump are included in the rental.

Limitations:

- Manual breast pumps are not considered durable medical equipment and are not eligible for coverage.

- Hospital grade electric breast pumps for use in the home are not considered reasonable and necessary because they are considered institutional equipment and not appropriate for use in the home – unless allowed per State Medicaid requirements. NH Medicaid allows up to a 3-month rental.

For ALL plans:

The hands-free breast pump (e.g., Willow) now coded as E0603 is considered a deluxe item, therefore, not reasonable and necessary because it contains features not required for the expression of breast milk.

Quantity Limits

HCPCS Code	Quantity Limit
A4287 Disposable collection and storage bag for breast milk, any size, any type, each	100 per month or 300 per 3 months following CMS guidelines **for Commercial/Medicare Plans.** 100 per month **for WellSense NH Medicaid members.**

Breast Pumps and Accessories

HCPCS Level II Codes and Description

A4281	Tubing for breast pump replacement
A4282	Adapter for breast pump replacement
A4283	Cap for breast pump bottle replacement
A4284	Breast shield&splash protectr w/breast pump repl
A4285	Polycarbonate bottle use w/breast pump repl
A4286	Locking ring for breast pump replacement
A4287	Disposable collection and storage bag for breast milk, any size, and type, each
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

Important Note:

Northwood's Medical Policies are developed to assist Northwood in administering plan benefits and determining whether a particular DMEPOS product or service is reasonable and necessary. Equipment that is used primarily and customarily for a non-medical purpose is not considered durable medical equipment.

Coverage determinations are made on a case-by-case basis and are subject to all of the terms, conditions, limitations, and exclusions of the member's contract including medical necessity requirements.

The conclusion that a DMEPOS product or service is reasonable and necessary does not constitute coverage. The member's contract defines which DMEPOS product or service is covered, excluded or limited. The policies provide for clearly written, reasonable and current criteria that have been approved by Northwood's Medical Director.

The clinical criteria and medical policies provide guidelines for determining the medical necessity for specific DMEPOS products or services. In all cases, final benefit determinations are based on the applicable contract language. To the extent there are any conflicts between medical policy guidelines and applicable contract language, the contract language prevails. Medical policy is not intended to override the policy that defines the member's benefits, nor is it intended to dictate to providers how to direct care. Northwood Medical policies shall not be interpreted to limit the benefits afforded to

Breast Pumps and Accessories

Medicare or Medicaid members by law and regulation and Northwood will use the applicable state requirements to determine required quantity limit guidelines.

Northwood's policies do not constitute medical advice. Northwood does not provide or recommend treatment to members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Northwood follows all CMS National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), as applicable.

References

1) Academy of Breastfeeding Medicine Clinical Protocol Committee. ABM Clinical Protocol #2 (2007 revision): guidelines for hospital discharge of the breastfeeding term newborn and mother: "the going home protocol". Breastfeed Med. 2007 Sep;2(3):158-65.

2) Aetna, Breast Pumps CPB Number: 0421. Breast Pumps - Medical Clinical Policy Bulletins | Aetna Last accessed and reviewed 11/5/25.

3) Academy of Breastfeeding Medicine (ABM). Protocol #10: Breastfeeding the near-term infant (35 to 37 weeks gestation). Accessed Mar 5, 2009. Available at URL address: http://www.bfmed.org/Resources/Protocols.aspx

4) Academy of Breastfeeding Medicine (ABM). Clinical Protocol Number #12: Transitioning the Breastfeeding/Breastmilk-fed Premature Infant from the Neonatal Intensive Care Unit to Home. 2004 Sep. Accessed Mar 5, 2009. Available at URL address: http://www.bfmed.org/Resources/Protocols.aspx

5) American Academy of Family Physicians (AAFP). Breastfeeding, Family Physicians Supporting (Position Paper). 2001, 2008. Accessed Mar 5, 2009. Available at URL address: http://www.aafp.org/online/en/home/policy/policies/b/breastfeedingpositionpaper.html

6) American Academy of Pediatrics (AAP). Breastfeeding and the use of human milk. Pediatrics. 2005 Feb;115:496-506. Accessed Mar 5, 2008. Available at URL address: http://aappolicy.aappublications.org/cgi/reprint/pediatrics;115/2/496.pdf

7) American College of Nurse Midwives (ACNM). How to choose a breast pump. Accessed Mar 5, 2008. Available at URL address: http://www.gotmom.org/benefits/breastpumps.htm

8) American Medical Association (AMA) Council on Scientific Affairs. Factors That Influence Differences in Breastfeeding Rates. 2005 Jun. Accessed Feb 24, 2006. Available at URL address: http://www.ama-assn.org/ama/pub/category/print/15169.html

9) Becker GE, McCormick FM, Renfrew MJ. Methods of milk expression for lactating women. Cochrane Database Syst Rev. 2008 Oct 8;(4):CD006170.

10) US Department of Health and Human Services, "Women's Preventive Services: Required Health Plan Coverage Guidelines," http://www.hrsa.gov/womensguidelines/, (accessed September 12, 2012).

11) Centers for Disease Control and Prevention (CDC); U.S. Department of Health and Human Services (DHHS). Breastfeeding: Policies: Healthy People 2010 Objectives for the Nation. Last updated 2009 Oct 20. Accessed May 4, 2010. Available at URL address: http://www.cdc.gov/breastfeeding/policies/policy-hp2010.htm.

12) Chulada PC, Arbes SJ Jr., Dunson D, Zeldin DC. Breast-feeding and the prevalence of asthma and wheeze in children: analyses from the Third National Health and Nutrition Examination Survey, 1988-1994. J Allergy Clin Immunol. 2003 Feb;111(2):328-36.

13) Hayes DK, Prince CB, Espinueva V, Fuddy LJ, Li R, Grummer-Strawn LM. Comparison of manual and electric breast pumps among WIC women returning to work or school in Hawaii. Breastfeed Med. 2008 Mar;3(1):3-10.

14) Hopkinson J, Heird W. Maternal response to two electric breast pumps. Breastfeed Med. 2009 Mar;4(1):17-23.

15) Kramer MS, Kakuma R. The optimal duration of exclusive breastfeeding: a systematic review. Adv Exp Med Biol. 2004;554:63-77.

16) La Leche League International. How do I choose a breast pump? Frequently asked questions. Accessed Feb 22, 2005. Available at URL address: http://www.lalecheleague.org/FAQ/pump.html

17) Meier PP, Engstrom JL, Hurst NM, Ackerman B, Allen M, Motykowski JE, et al. A comparison of the efficiency, efficacy, comfort, and convenience of two hospital-grade electric breast pumps for mothers of very low birthweight infants. Breastfeed Med. 2008 Sep;3(3):141-50.

18) U.S. Food and Drug Administration (FDA). Nonpowered breast pump. Code of federal regulations. Center for Devices and Radiological Health. Revised 2004 Apr 1. Accessed Feb 22, 2005. Available at URL address: http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/CFRSearch.cfm?FR=884.5150

19) U.S. Food and Drug Administration (FDA). Powered breast pump. Code of federal regulations. Center for Devices and Radiological Health. Revised 2004 Apr 1. Accessed Feb 22, 2005. Available at URL address: http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/CFRSearch.cfm?FR=884.5160

SPECIAL COVERAGE INFORMATION PER PLAN:

SHP – All SHP Plans	**Mother's discharge date is no longer required. Members do not need to be discharged before receiving equipment.** **The breast pump must be received within 6 months of birth for coverage.**

Change/Authorization History

Revision Number	Date	Description of Change	Prepared / Reviewed by	Approved by	Review Date:	Effective Date:
A	11-20-09	Initial Release	Susan Glomb	Ken Fasse	n/a	
01	12-04-09	Annual Review- No changes	Susan Glomb	Ken Fasse	Dec.2009	
02	12-14-10	Annual Review – no changes	Susan Glomb	Ken Fasse	Dec.2010	

03	02-18-11	Policy updated to reflect current practice	Susan Glomb	Ken Fasse		
04	07-20-11	Added Important Note to all Medical Policies	Susan Glomb	Dr. B. Almasri		
05	11-07-11	Added References to Policy	Susan Glomb	Dr. B. Almasri	Nov. 2011	
06	1-3-12	Updated policy to reflect current practices for Medicare/Commercial members.	Susan Glomb	Dr. B. Almasri	Jan. 2012	
07	04-03-12	Added reference to NH Medicaid	Susan Glomb	Dr. B. Almasri		
08	12-10-12	Annual Review – Policy changed to reflect those plans subject to PPACA	Susan Glomb	Dr. B. Almasri	Dec 12	
09	12-18-13	Annual review. No changes	Susan Glomb	Dr. B. Almasri		
10	11-24-14	Annual Review. No changes	Susan Glomb	Dr. B. Almasri		
11	10-29-15	Annual Review. Changed frequency to one per birth as stated in ACA.	Lisa Wojno	Dr. B. Almasri	October 2015	
12	11-16-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	November 2016	
13	11-17-17	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	November 2017	
14	11-16-	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	November 2018	

	18					
15	11-01-19	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	November 2019	11-2019
16	1-14-20	Added Willow handsfree breast pump information to policy indicating it is considered a convenience item, therefore not reasonable and necessary.	Susan Glomb	Dr. C. Lerchin	January 14, 2020	January 14, 2020
17	11-05-20	Annual review. No additional changes – see entry above.	Carol Dimech	Dr. C. Lerchin	November 5, 2020	November 5, 2020
18	01-07-21	Updated policy to add that hospital grade breast pumps may be covered for Medicaid members per State requirements and that NH Medicaid allows up to a 3-month rental.	Lisa Wojno	Dr. C. Lerchin	January 2021	January 2021
19	10-18-21	Revised hcpcs code description K1005 to reflect current language. Willow Breast Pump information updated per CMS, added: Existing code category E0603 "Breast pump, electric (ac and/or dc), any type" adequately describes the Willow Breast Pump.	Carol Dimech	Dr. C. Lerchin	10-18-21	10-18-21
20	10-25-21	Updated policy to reflect quantity increase allowed amount of K1005 to 100/month for Well	Carol Dimech	Dr. C. Lerchin	10-25-21	10-25-21

		Sense members.				
21	10-26-21	Revised to indicate Willow-style pump is considered deluxe therefore not reasonable and necessary.	Carol Dimech	Dr. C. Lerchin	10-26-21	10-26-21
22	11-16-21	Annual review. Added NCD, LCD verbiage to “Important Note”.	Carol Dimech	Dr. C. Lerchin	11-16-21	
23	2-1-22	Updated policy with SHP criteria – see Special Coverage Information Per Plan box.	Carol Dimech	Dr. C. Lerchin	2-1-22	2-1-22
24	3-15-22	Updated policy to reflect Plan rebranding by adding “WellSense” to Quantity Limits box.	Carol Dimech	Dr. C. Lerchin	3-15-22	3-15-22
25	5-31-22	Updated policy with SHP criteria – pump must be received within 6 months of birth for coverage. See Special Coverage Information Per Plan box.	Carol Dimech	Dr. C. Lerchin	5-31-22	5-31-22
26	11-4-22	Annual Review. Added HCPCS codes A4281, A4282, A4283, A4284, A4285and A4286 to Level II HCPCS Codes and Description section.	Lisa Wojno	Dr. C. Lerchin	11-4-22	
27	8-29-23	Added Quantity Limits guidelines.	Carol Dimech	Dr. C. Lerchin	8-29-23	8-29-23
28	11-7-23	Annual review. Added Aetna reference.	Carol Dimech	Dr. C. Lerchin	11-7-23	11-7-23

29	12-05-23	Updated K1005 to A4287. This update is effective 1-1-24	Susan Glomb	Lisa Wojno	12-5-23	Jan 1, 2024
30	11-6-24	Annual review. No further changes.	Carol Dimech	Dr. C. Lerchin	11-6-24	11-6-24
31	11-5-25	Annual review. No changes.	Lisa Wojno	Dr. C. Lerchin	11-5-25	11-5-25