

Breast Pumps

For any item to be covered by The Health Plan, it must:

1. Be eligible for a defined Medicare or The Health Plan benefit category
2. Be reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member
3. Meet all other applicable Medicare and/or The Health Plan statutory and regulatory requirements

For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity. *Please refer to individual product lines certificates of coverage for possible exclusions of benefit.*

For an item to be covered by The Health Plan, the supplier must receive a written, signed, and dated order before a claim is submitted to The Health Plan. If the supplier bills for an item addressed in this policy without first receiving the completed order, the item will be denied as not medically necessary.

Suppliers are to follow The Health Plan requirements for precertification, as applicable.

Breast pumps require precertification.

National Coverage Determination Policy	None
Local Coverage Determination Policy	None
Effective Date	09/01/10
Review/Revision Date	01/2019, 10/25/18, 05/31/2018, 04/01/2017, 01/01/2016, 05/01/14
The Health Plan	<p>Grandfathers plans: follow The Health Plan coverage guidelines</p> <p>Non-grandfathered plans: benefit per Affordable Care Act</p> <p>Medicare: noncovered. Supersedes Affordable Care Act</p> <p>West Virginia Medicaid: will follow West Virginia Medicaid</p>

DESCRIPTION

A breast pump is a suction device used for withdrawing milk from the breast of a nursing mother. There are three types of pumps available: manual, electric, and heavy-duty hospital grade models.

Manual pumps are operated by the individual using their hands; manual pumps are used by healthy persons, do not require an order or prescription by a physician, are unable to be reused by other patients, and are not for a treatment for an illness or injury.

COVERAGE GUIDELINES FOR GRANDFATHERED PLANS

Manual pumps do not meet the definition of durable medical equipment (DME) and are not eligible for coverage under most plan designs. Electric pumps are powered by either AC or DC current and have been medically proven as appropriate when an illness or injury of the mother or infant prevents normal breast feeding when a manual pump is not effective.

Heavy-duty hospital grade pumps are electric powered, piston operated, and provide vacuum suction/release cycles with a vacuum regulator. These do not meet the definition of DME, as they are not usually used in the home. They are not covered under all plan designs.

Medical Indications for Electric Breast Pump:

- Manual breast pump would not be appropriate or effective.
- Preterm infant > 36 weeks gestation.
- Illness that requires the infant to be detained in the hospital following discharge of the mother.
- Illness that requires readmission to the hospital for breastfeeding infant in the first 6 months of life.
- Infant with a congenital anomaly or medical condition that interferes with breastfeeding. (i.e., cleft palate, heart condition).
- A disease, illness, or medication use of the mother that requires breastfeeding to “pump and dump” to maintain milk supply for a limited period of time; she will resume breastfeeding once condition is resolved.
- Illness or condition of the mother that required separation from infant due to hospitalization for a short period of time.

NONCOVERAGE STATEMENT FOR GRANDFATHERED PLANS

- Electric breast pump noncovered when used solely for the convenience of the mother.
- Battery operated or manual/hand held breast pumps.
- Mothers returning to work or vacationing.
- No medical condition present, but infant having difficulty with breast feeding or mother/infant having problems establishing breastfeeding.
- No coverage for educational classes on breastfeeding.

COVERAGE GUIDELINES FOR NON-GRANDFATHERED COMMERCIAL PLANS: SUBJECT TO DHHS REQUIREMENTS

- Purchase of a standard electric breast pump is considered medically necessary DME for initiation of breastfeeding in the postpartum period within the first 2 months (60 days) following delivery).
- Purchase of a manual breast pump is considered medically necessary DME for continuation of breastfeeding within the first 12 months (365 days) following delivery.
- Rental of a heavy-duty electrical (hospital grade) breast pump medically necessary for the period of time that a newborn is detained in the hospital only.
- For women using a breast pump from a prior pregnancy, a new set of breast pump supplies is considered medically necessary with each subsequent pregnancy for initiation or continuation of breastfeeding within the first 12 months following delivery.

- For women who plan to breast feed an adopted infant.
- A replacement manual breast pump is considered medically necessary for subsequent pregnancies, for continuation of breastfeeding within the first 12 months following delivery, if an initial breast pump is broken and out of warranty.
- A replacement standard electrical breast pump is considered medically necessary for subsequent pregnancies, for initiation of breastfeeding in the postpartum period (within the first 60 days following delivery), for members who have not received a standard electric breast pump within the previous three years or if the initial electric breast pump is broken and out of warranty. THP will review extenuating circumstances.
- Purchase of heavy-duty electrical (hospital grade) breast pumps is not medically necessary.

Exception: West Virginia Medicaid allows a manual or electric breast pump every once every three to five years.

NONCOVERAGE STATEMENT FOR MEDICARE PLANS

There is no national CMS or regional Medicare coverage determination or policy for breast pumps. Therefore, The Health Plan will not cover these devices under Medicare product lines of business. Per CMS, breast pumps remain noncovered as well as any other breastfeeding tool as of 1/4/13.

Lactation consultants are not covered by Medicare plans.

NONCOVERAGE STATEMENT FOR WEST VIRGINIA MEDICAID

West Virginia Medicaid does not cover codes A4228-A4286.

West Virginia Medicaid does not cover lactation consultants.

REPAIR, REPLACEMENT, AND REASONABLE USEFUL LIFETIME

See the Health Plan DMEPOS Authorization and Compensation Guide for frequency of replacements.

Useful Lifetime 1-2 years.

CODING INFORMATION

CPT/HCPCS codes: Codes may not be covered/separately payable under all circumstances, i.e., with initial delivery of pump. See fee schedule for coverage for West Virginia Medicaid.

HCPCS CODES

E0602	BREAST PUMP MANUAL, ANY TYPE
E0603	BREAST PUMP ELECTRIC (AC/DC), ANY TYPE
E0604	BREAST PUMP, HOSPITAL GRADE, ELECTRIC (AC AND/OR DC), ANY TYPE
A2481	TUBING FOR BREAST PUMP, REPLACEMENT

A4282	ADAPTER FOR BREAST PUMP, REPLACEMENT
A4283	CAP FOR BREAST PUMP BOTTLE, REPLACEMENT
A4284	BREAST SHIELD AND SPLASH PROTECTOR FOR USE WITH BREAST PUMP, REPLACEMENT
A4285	POLYCARBONATE BOTTLE FOR USE WITH BREAST PUMP, REPLACEMENT
A4286	LOCKING RING FOR BREAST PUMP, REPLACEMENT

ICD-10 CODES

Z39.1	LACTATING MOTHER
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Diagnoses and ICD-10 codes that indicate medical necessity are listed above. Not an all-inclusive list.

BILLING GUIDELINES

Standard manual and electric breast pump models are covered for purchase at 100 percent, up to the amount of the contracted allowable rate. All contracted providers are to have breast pumps in stock that meet allowable rates.

Pumps covered under any of the indication above must be obtained from a contracted provider. Retail stores such as Target or Wal-Mart are not DME companies, so breast pumps purchased from these types of stores are not covered.

If a member wishes to purchase a nonstandard or “deluxe” model breast pump that exceeds the reimbursement for the device that is considered medically necessary, providers may balance bill the member for the additional cost above the contracted rate.

Prior to dispensing the breast pump, have a waiver signed by the member indicating that they are aware that the breast pump purchased is a deluxe model, and that the member is liable for the difference between the reimbursement rate for the standard model and the deluxe model charges.

KX, GA, and GZ MODIFIERS

Suppliers may submit a claim with a KX modifier only if all the criteria for that item is met.

If coverage criteria are not met, the GA or GZ modifier must be used. When there is an expectation of a medical denial, suppliers must enter the GA modifier on the claim line if they have obtained a properly executed Advance Beneficiary Notice (ABN) or the GZ modifier, if they have not obtained a valid ABN.

ADVANCED BENEFICIARY NOTICE

The Health Plan expects providers to follow the Medicare policy on ABN across all Medicare, Medicaid, and Commercial plans.

NOTE: Providers may be held financially responsible if they furnish the above items without notifying the member, verbally and in writing, that the specific service being provided is not covered. This must be done prior to the dispensing of the device. The provider must submit the waiver or ABN to The Health

Plan with the claim showing the member agreed to pay for the device. Generalized statements on waivers or ABN are not acceptable.

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INTERNET LINKS AND SOURCES

Academy of Breastfeeding Medicine Clinical Protocol Committee. ABM Clinical Protocol #2 (2007 revision): Guidelines for Hospital Discharge of Breast Feeding Term Newborn and Mother: "Going Home Protocol." *Breastfeed Med.* 2007 Sep; 2(3): 158-65

American Academy of Family Physicians (AAFP). Breastfeeding, Family Physicians Supporting (Position Paper). 2001, 2008. Accessed 10/25/18. Available at URL address: aafp.org/online/en/home/policy/policies/b/breastfeedingpositionpaper.html

Centers for Disease Control and Prevention (CDC) website. *Other Monitoring Systems for Breastfeeding Data*. Last accessed 10/25/18. Retrieved from: <http://www.cdc.gov/breastfeeding/data/>

American College of Nurse Midwives (ACNM) website. Position statement. Last accessed 05/31/2018. Retrieved from: <http://www.midwife.org/>

West Virginia Medicaid Internet Provider Manual. Chapter 506. Covered Services, Limitations, and Exclusions for DME Medical Supplies. Last Accessed 10/25/18. <http://www.dhhr.wv.gov/bms/Pages/default.aspx>

The Health Plan Provider Procedural Manual. Payment Voucher, Section 14, Page 11