

Medical Coverage Policy



**Blue Cross
Blue Shield**
of Rhode Island

Hospital Grade Breast Pumps

Device/Equipment Drug Medical Surgery Test Other

Effective Date:	08/01/2012	Policy Last Updated:	8/7/2012
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Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

This policy addresses hospital grade electric breast pumps used for medically indicated conditions and not for convenience of the mother. Pumps must be obtained from a DME provider. Manual pumps are covered under the Women's Preventive Services effective 8/1/2012 or upon contract renewal.

Description:

A breast pump is a mechanical device used to extract milk from the breast of a lactating woman. Although there are many styles and models of breast pumps, they typically fall into two main categories: manual (operated by hand) and electric/battery-powered.

Medical Criteria

A hospital grade electric breast pump is considered medically necessary when there is **involuntary separation of an infant from its mother** for more than 24 hours, as a result of hospitalization of the infant due to illness or injury. The coverage for the breast pump ends once the infant is discharged from the hospital **and** no longer meets the medical criteria.

Policy:

All BCBSRI Products:

Prospective medical review is required for BlueCHiP for Medicare members and recommended for all other BCBSRI products. In accordance with our DME rental benefit, rentals are covered in units of one month.

Hospital grade electric breast pump:

A hospital grade electric breast pump is considered medically necessary when there is involuntary separation of an infant from its mother for more than 24 hours as a result of hospitalization of the infant due to illness or injury. The coverage ends once the infant is discharged from the hospital **and** no longer meets the medical criteria listed above.

In accordance with our durable medical equipment rental benefit, hospital grade electric breast pumps are covered for a one-month period of time.

Manual breast pumps: Are covered effective 8/1/2012 or upon contract renewal see policies on Preventive Services

Electric breast pumps that are not hospital grade breast pumps are a contract exclusion.

Coverage:

Benefits may vary between groups/contracts. Please refer to the Evidence of Coverage or Subscriber Agreement for applicable medical equipment, medical supplies, and prosthetic devices benefits/coverage and for the definition of medically necessary.

Coding:

The following code is covered (See Preventive Services policies):

E0602 Breast Pump, Manual, any type

The following HCPCS code for a hospital grade breast pump is covered for all BCBSRI products (rental only, with the exception of the purchase price being met in the rental period, and unless otherwise dictated by BlueCard contracting)

Prior authorization is required for BlueCHiP for Medicare, and recommended for all other BCBSRI products

E0604 Breast Pump, Heavy Duty, Vacuum Regulator, supplies, transformer, Electric (AC and/or DC)

The following code is a contract exclusion:

E0603 Breast Pump, Electric (AC and/or DC) any type - contract exclusion

Also known as:

Hospital grade breast pump

Manual breast pump

Electric breast pump

Related topics:

Durable Medical Equipment (DME): Includes Rent-to-Purchase, Repair and Replacement...

Preventive Services for Commercial Members

Preventive Services for BlueCHiP for Medicare

Published:

Policy Update, September 2002

Policy Update, November 2006

Policy Update, September 2007

Provider Update, July 2008

Provider Update, February 2009

Provider Update, August 2009

Provider Update, October 2010

Provider Update, October 2011

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