



Kaiser Foundation Health Plan of Washington

Clinical Review Criteria Breast Pump

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Criteria For Medicare Members

Source	Policy
CMS Coverage Manuals	None
National Coverage Determinations (NCD)	None
Local Coverage Determinations (LCD)	None
Local Coverage Article	None
Kaiser Permanente Medical Policy	Due to the absence of an active NCD, LCD, or other coverage guidance, Kaiser Permanente has chosen to use their own Clinical Review Criteria, Breast Pump for medical necessity determinations. Use the Non-Medicare criteria below.

For Non-Medicare Members

No longer requires review

The following information was used in the development of this document and is provided as background only. It is provided for historical purposes and does not necessarily reflect the most current published literature. When significant new articles are published that impact treatment option, Kaiser Permanente will review as needed. This information is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations.

Background

Breast-fed infants have a lower risk of diarrhea and otitis media than bottle-fed infants during the first year of life. For premature infants, breast milk helps prevent infections, speeds recovery from respiratory distress syndrome, increases weight gain, protects against retinopathy, and facilitates cognitive and visual development.

By contrast, the manual and electric breast pumps that are available commercially are not designed for reuse and are most commonly sold to mothers with normal infants who are working, traveling, or for other reasons not always home to breast-feed the baby. Standard electric breast pumps or manual breast pumps may be necessary to initiate breast feeding in the postpartum period, within the first eight weeks following delivery. Manual breast pumps are sufficient for continuation of breastfeeding following the postpartum period. Current recommendations from the American Academy of Pediatrics are to continue breastfeeding of infants through one year of age.

Women may be able to breastfeed adopted infants through induced lactation. The process involves nipple stimulation with use of an electric breast pump beginning about two months before the adoptive mother expects to begin breast-feeding. In addition, hormonal therapy, such as supplemental estrogen or progesterone, may be prescribed to mimic the effects of pregnancy. Typically, hormone therapy for induced lactation is discontinued shortly before breast-feeding begins. At that point, the infant's suckling is thought to stimulate and maintain milk production.

Authorized under provisions of the Patient Protection and Affordable Care Act, the U.S. Department of Health and Human Services (DHHS) released health plan coverage guidelines, developed by a committee of the Institute of Medicine, that require health insurance plans to cover breast pumps and certain other women's preventive services. New health plans and non-grandfathered plans and issuers are required to provide coverage consistent with these guidelines in the first plan year (in the individual market, policy year) that begins on or after August 1, 2012.

The Centers for Disease Control and Prevention (CDC, 2010) recommended that infected women in the United States refrain from breast-feeding to avoid post-natal transmission of HIV-1 to their infants through breast milk. These recommendations also should be followed by women receiving anti-retroviral therapy. Passage of anti-retroviral drugs into breast milk has been evaluated for only a few anti-retroviral drugs; ZDV, 3TC, and nevirapine have been detected in the breast milk of women.

Applicable Codes

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

HCCP Codes	Description
E0604	Breast pump, hospital grade, electric (AC and/or DC), any type

***Note:** Codes may not be all-inclusive. Deleted codes and codes not in effect at the time of service may not be covered.

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Date Created	Date Reviewed	Date Last Revised
12/01/2015	12/01/2015 ^{MPC} , 10/04/2016 ^{MPC} , 08/01/2017 ^{MPC} , 07/10/2018 ^{MPC} , 07/09/2019 ^{MPC} , 07/07/2020 ^{MPC} , 07/06/2021 ^{MPC} , 07/05/2022 ^{MPC} , 07/11/2023 ^{MPC}	07/11/2023

^{MPC} Medical Policy Committee

Revision History	Description
10/04/2016	Added indication: Hospital grade breast pump is not considered medically necessary after 12 months of age
07/11/2023	MPC approved to retire clinical criteria for Breast Pumps. Requires 60-day notice. Effective date 12/01/2023.