

Medical Necessity Guidelines: Breast Pumps

Effective: June 17, 2020

Prior Authorization Required If <u>REQUIRED</u> , submit supporting clinical documentation pertinent to service request.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<p>Applies to:</p> <p>COMMERCIAL Products</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Tufts Health Plan Commercial products; Fax: 617.972.9409 <input checked="" type="checkbox"/> Tufts Health Freedom Plan products; Fax: 617.972.9409 • CareLinkSM – Refer to CareLink Procedures, Services and Items Requiring Prior Authorization <p>TUFTS HEALTH PUBLIC PLANS Products</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); Fax: 888.415.9055 <input checked="" type="checkbox"/> Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; Fax: 888.415.9055 <input type="checkbox"/> Tufts Health RITogether – A Rhode Island Medicaid Plan; Fax: 857.304.6404 <input checked="" type="checkbox"/> Tufts Health Unify* – OneCare Plan (a dual-eligible product); Fax: 857.304.6304 <p>*The MNG applies to Tufts Health Unify members unless a less restrictive LCD or NCD exists.</p> <p>SENIOR Products</p> <ul style="list-style-type: none"> • Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product) – Refer to the Tufts Health Plan SCO Prior Authorization List • Tufts Medicare Preferred HMO, (a Medicare Advantage product) – Refer to the Tufts Medicare Preferred HMO Prior Authorization and Inpatient Notification List 	

Note: While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you will need to make sure that prior authorization has been obtained.

OVERVIEW

Breastfeeding is the physiological norm for both mothers and their children. Breast milk offers medical and psychological benefits not available from human milk substitutes. The American Academy of Family Physicians recommends that all babies, with rare exceptions, be breastfed and/or receive expressed human milk exclusively for the first six months of life¹. There are three types of breast pumps. These are manual, electric, and hospital grade electric pumps.

CLINICAL COVERAGE CRITERIA

I. Consistent with the Patient Protection and Affordable Care Act (PPACA), for Member's with non-grandfathered plans, prior authorization is NOT required for the following⁷:

Manual and Electric Breast Pumps:

Tufts Health Plan will cover the *purchase* of one breast pump, either manual or electric, for pregnant or postpartum Members per pregnancy:

- The pump must be obtained from a contracting Durable Medical Equipment (DME) provider
- The Member must have a physician's prescription

Hospital Grade Electric Breast Pumps:

- Tufts Health Plan will cover the *rental* of one hospital grade breast pump for postpartum Members, in place of the above, when deemed appropriate by the ordering provider
- The pump must be obtained from a contracting Durable Medical Equipment (DME) provider
- The Member must have a physician's prescription

A Hospital Grade Breast Pump may be appropriate in the following circumstances:

- Premature hospitalized newborn
- An infant with a congenital anomaly that interferes with the ability to breast feed effectively (e.g., cleft lip, cleft palate, and/or other anomalies of the tongue, mouth or pharynx)
- Mother is hospitalized and separated from the newborn/infant

II. For Members whose group plan has maintained grandfathered status under the PPACA **prior authorization is required** for the following⁷:

Electric or Hospital Grade Breast Pump:

Tufts Health Plan may cover up to two months *rental* of an electric or hospital grade breast pump in one of the following medically necessary circumstances:

- Hospitalized infant because of prematurity or a medical condition after the Plan Member has been discharged.
- An infant with a congenital anomaly that interferes with the ability to breast feed effectively (e.g., cleft lip, cleft palate, and/or other anomalies of the tongue, mouth or pharynx.
- Mother is hospitalized and separated from the newborn/infant

LIMITATIONS

- Coverage of breast pumps may vary depending on the terms of the Member's plan benefit document.

CODES

Table 1: HCPCS Codes:

HCPCS Code	DESCRIPTION
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

REFERENCES

1. American Academy of Family Physicians (AAFP). Breastfeeding [position paper]. Last accessed June 30, 2020. aafp.org/about/policies/all/breastfeeding-support.html
2. American Academy of Pediatrics, Section on Breastfeeding. Policy Statement. Breastfeeding and the use of human milk. Pediatrics. 2012.129.e829. Rev.115(2):496. Last accessed June 30, 2020. pediatrics.aappublications.org/content/129/3/e827.full.pdf+html
3. American Academy of Pediatrics (AAP). Breastfeeding-expressing breast milk. March 2012. Pediatrics Volume 129, Number 3
4. Academy of Breastfeeding Medicine (ABM). Guidelines for hospital discharge of the breastfeeding term newborn and mother "going home protocol." ABM protocols. Revised 2014. Last accessed June 30, 2020. <https://abm.memberclicks.net/assets/DOCUMENTS/PROTOCOLS/2-going-home-discharge-protocol-english.pdf>
5. HealthCare.gov. (2012). Affordable care act rules on expanding access to preventative services for women. hhs.gov/healthcare/facts-and-features/fact-sheets/aca-rules-on-expanding-access-to-preventive-services-for-women/
6. U.S. Departments of Health and Human Services (HHS) (47 CFR Part 147) Coverage of Certain Preventive Services Under the Affordable Care Act (PPACA); Final Rule. Federal Register/ Vol. 80, No.134/ Tuesday, July 14, 2015. Accessed October 11, 2017. gpo.gov/fdsys/pkg/FR-2015-07-14/pdf/2015-17076.pdf
7. Affordable Care Act of 2010 and Section 274 of Chapter 165 of the Acts of 2014.

APPROVAL HISTORY

Feb. 11, 2008: Reviewed by the Medical Affairs Medical Policy Committee for effective date of April 1, 2008.

Subsequent endorsement date(s) and changes made:

- July 1, 2008: Coverage guideline requirements clarified
- July 2009: Reviewed, no changes
- December 2009: Reviewed by Medical Affairs, Medical Policy: title changed, donor breast milk limitation added for effective date of April 2010.
- August 2011: Admin process changed to RN and LPN
- December 14, 2011: Reviewed by MSPAC – Integrated Medical Policy Advisory Committee, no changes.
- August 1, 2012: In accordance with PPACA and effective for Members of new groups and non-grandfathered existing groups when they renew on or after August 1, 2012, coverage of the purchase of manual and electric (nonhospital grade) breast pumps added. Guidelines for the

coverage of a hospital grade electric breast pump clarified. Grandfathered plan prior authorization coverage clarified

- November 28, 2012: Reviewed by Integrated Medical Policy Advisory Committee (IMPAC), renewed without changes. ICD-10 codes will be added prior to the next IMPAC approval.
- October 9, 2013: Reviewed by IMPAC. Prior authorization for groups maintaining grandfathered status clarified on page one. Guidelines for coverage of type of breast pump clarified on page three
- November 19, 2014: Reviewed by IMPAC, renewed without changes
- December 10, 2014: Adopted by Tufts Health Plan – Network Health Commercial Plans and Tufts Health Plan – Network Health Medicaid Plans
- September 2015: Branding and template change to distinguish Tufts Health Plan products in "Applies to" section. Added Tufts Health Freedom Plan products, effective January 1, 2016
- November 16, 2015: Reviewed by IMPAC, renewed without changes
- March 17, 2016: Coding updated; ICD-9-CM codes removed
- November 9, 2016: Reviewed by IMPAC, renewed without changes
- December 14, 2016: Reviewed by IMPAC; format, wording, and clarification changes
- April 2017: Added RITogether Plan product to template. For MNGs applicable to RITogether, effective date is August 1, 2017
- October 11, 2017: Reviewed by IMPAC, renewed without changes
- July 25, 2018: Reviewed by IMPAC, renewed without changes
- October, 2018: Template and disclaimer updated
- February 20, 2019: Reviewed by IMPAC, renewed without changes
- July 17, 2019: Reviewed by IMPAC, renewed with no changes
- June 17, 2020: Reviewed by IMPAC, renewed with no changes
- June 24, 2020: Fax number for Unify updated

BACKGROUND, PRODUCT AND DISCLAIMER INFORMATION

Medical Necessity Guidelines are developed to determine coverage for benefits, and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.

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