Subject: Breast Pumps

Background: 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 life.

There are three types of breast pumps. These are manual, electric, and durable electric pumps also known as “hospital grade pumps”. Hospital grade breast pumps are considered to be a type of durable medical equipment (DME) and are not designed for commercial sale or use.

Policy and Coverage Criteria:
The Plan may cover Manual, Electric, and Hospital Grade Breast Pumps when medically necessary. The following are required for coverage for any type of Breast Pump:

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

Manual and Electric Breast Pumps: The Plan will cover the purchase of one breast pump, either manual or electric, for pregnant or postpartum Members, per pregnancy

Hospital Grade Electric Breast Pumps:
The Plan will cover the rental of one hospital grade breast pump for postpartum Members, in place of or in addition to a manual or electric pump, when deemed appropriate by the ordering provider. Use of a Hospital Grade Breast Pump may be appropriate in the following circumstances:

- A premature hospitalized newborn/infant
- An infant with a congenital, or other, anomaly that interferes with the ability to breastfeed 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

NOTE: Hospital grade electric breast pump coverage may differ according to plan or products. Please refer to the member’s plan documents and the applicable Preventive Services documents: Harvard Pilgrim Health Care and Tufts Health Plan

Exclusions: Coverage of breast pumps may vary depending on the terms of the Member’s plan benefit document

Coding:
Codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. The list may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible.

<table>
<thead>
<tr>
<th>HCPCS Code</th>
<th>Description</th>
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<tr>
<td>E0602</td>
<td>Breast Pump, manual, any type</td>
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HPHC Medical Policy

Breast Pumps

HPHC policies are based on medical science, and written for the majority of people with a given condition.

Coverage described in this policy is standard under most HPHC plans. Specific benefits may vary by product and/or employer group. Please reference appropriate member materials (e.g. Benefit Handbook, Certificate of Coverage) for member-specific benefit information.
**Billing Guidelines:**

Member’s medical records must document that services are medically necessary for the care provided. Harvard Pilgrim Health Care maintains the right to audit the services provided to our members, regardless of the participation status of the provider. All documentation must be available to HPHC upon request. Failure to produce the requested information may result in denial or retraction of payment.

**References:**


**Summary of Changes:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Change</th>
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<tbody>
<tr>
<td>3/23</td>
<td>Minor language clarification for Hospital Grade Breast Pumps</td>
</tr>
<tr>
<td>7/22</td>
<td>New Policy for integration purposes with Tufts Health Plan (THP)</td>
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</table>

**Approved by Medical Policy Committee:** 7/20/22

**Approved by Clinical Policy Operational Committee:** 8/22

**Policy Effective Date:** 9/1/22

**Initiated:**

**HPHC Medical Policy**

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