Hospital Grade Breast Pump Rental

LOB(s):	State(s):
☒ *Commercial* ☒ *Medicare*	☒ *Idaho* ☒ *Montana* ☒ *Oregon* ☒ *Washington* ☐ *Other:*
☒ *Medicaid*	☒ *Oregon*

Enterprise Policy

PacificSource is committed to assessing and applying current regulatory standards, widely-used treatment guidelines, and evidenced-based clinical literature when developing clinical criteria for coverage determination. Each policy contains a list of sources (references) that serves as the summary of evidence used in the development and adoption of the criteria. The evidence was considered to ensure the criteria provide clinical benefits that promote patient safety and/or access to appropriate care. Each clinical policy is reviewed, updated as needed, and readopted, at least annually, to reflect changes in regulation, new evidence, and advancements in healthcare.

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determinations are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

Background

Durable Medical Equipment (DME) is any equipment that provides therapeutic benefits to a patient in need because of certain medical conditions and/or illnesses.

Member's contract language should be reviewed prior to a decision being made to rent or purchase the DME.

PacificSource provides coverage for DME, when the medically necessary criteria and guidelines for its use are met.

Criteria

Commercial

Prior authorization is required

I. PacificSource considers (up to) 90 days of Hospital Grade Breast Pump (E0604) Rental, to be medically necessary for initiation or continuation of breastfeeding when **ALL** of the following criteria is met:

A. Member has been unsuccessful expressing sufficient breast milk after a trial using a manual, battery powered or standard electric pump

B. **ONE** of the following criteria is met:

1. Member has a medical condition or anatomic anomaly (e.g., mastitis, breast abscess) that prevents effective breastfeeding
2. Newborn or infant has a medical (e.g., cardiac, respiratory, genetic) or congenital (e.g., cleft palate, cleft lip) condition that interferes with effective breastfeeding
3. Prolonged separation or repeat hospitalization of either the infant or lactating member, which makes it impossible to breastfeed

Note:

- Rental of a hospital-grade breast pump when requested for convenience is considered **NOT** medically necessary
- Purchase of hospital grade breast pump are **NOT** covered
- Replacement of any supplies (hospital grade or non-hospital grade pump supplies) such as replacement cap, nipple or lid for breast pump bottle, replacement locking ring, replacement polycarbonate bottle are **NOT** covered
- Review requests to extend the rental period for more than 90 days requires Medical Director review

Medicaid

PCS follows the coverage, limitations, and restriction outlined in Chapter 410 Division 122 Durable Medical Equipment, Prosthetic Orthotics, and Supplies for coverage of Hospital Grade Breast Pumps.

PacificSource Community Solutions (PCS) follows the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) coverage requirements in OAR 410-151-0002 through 410-151-0003 for EPSDT beneficiaries. Relevant coverage guidance, including but not limited to OAR 410-122-0250, may be used to assist in informing a determination of medical necessity and medical appropriateness during the individual case review. A case-by-case review for EPSDT Medical Necessity and EPSDT Medical Appropriateness as defined in OAR 410-151-0001 is required prior to denying. Refer to the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) policy for details.

Medicare

PacificSource Medicare follows Medicare Claims Processing Manual Chapter 20, Section 30 for rental and/or purchase of DME items.

Coding Information

The following list of codes are for informational purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

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

Related Policies

Durable Medical Equipment Rental vs Purchase

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

References

Becker, G. E., Smith, H. A., & Cooney, F. (2016). Methods of milk expression for lactating women. The Cochrane database of systematic reviews, 9(9), CD006170. https://doi.org/10.1002/14651858.CD006170.pub5

Eidelman, R., Schanler, M., & Landers, S. (March 2012). Breastfeeding and the use of human milk | pediatrics | American Academy of Pediatrics. American Academy of Pediatrics. https://publications.aap.org/pediatrics/article/129/3/e827/31785/Breastfeeding-and-the-Use-of-Human-Milk?autologincheck=redirected

Hoban, R., Bigger, H., Schoeny, M., Engstrom, J., Meier, P., & Patel, A. L. (2018). Milk Volume at 2 Weeks Predicts Mother's Own Milk Feeding at Neonatal Intensive Care Unit Discharge for Very Low Birthweight Infants. Breastfeeding medicine : the official journal of the Academy of Breastfeeding Medicine, 13(2), 135–141. https://doi.org/10.1089/bfm.2017.0159.

Larkin, T., Kiehn, T., Murphy, P. K., & Uhryniak, J. (2013). Examining the use and outcomes of a new hospital-grade breast pump in exclusively pumping NICU mothers. Advances in neonatal care : official journal of the National Association of Neonatal Nurses, 13(1), 75–82. https://doi.org/10.1097/ANC.0b013e31827d4ce3

Meier, P. P., Patel, A. L., Hoban, R., & Engstrom, J. L. (2016). Which breast pump for which mother: an evidence-based approach to individualizing breast pump technology. Journal of perinatology : official journal of the California Perinatal Association, 36(7), 493–499. https://doi.org/10.1038/jp.2016.14

Oregon Health Authority. Oregon Administrative Rules (OARs). Health Systems: Medical Assistance Programs – Chapter 410. https://secure.sos.state.or.us/oard/displayChapterRules.action?selectedChapter=87

Appendix

Policy Number:

Effective: 1/1/2025 **Next review:** 1/1/2027

Policy type: Enterprise

Author(s):

Depts: Health Services

Applicable regulation(s): OARs 410-122-0080, 410-122-0250, 410-120-1200, 410-141-3820, 410-141-3825, 410-151-0001, and 410-151-0002. 410-151-0003.

OPs Approval: 12/2025