



Hospital Grade Breast Pump Rental

LOB(s): <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid	State(s): <input checked="" type="checkbox"/> Idaho <input checked="" type="checkbox"/> Montana <input checked="" type="checkbox"/> Oregon <input checked="" type="checkbox"/> Washington <input type="checkbox"/> Other: <input checked="" type="checkbox"/> Oregon <input type="checkbox"/> Washington
--	---

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 supplies such as replacement cap, nipple or lid for breast pump bottle, replacement locking ring, replacement polycarbonate bottle, are **NOT** covered
- Extension require MD review

Medicaid

PacificSource Community Solutions follows an internal hierarchal process in the “Clinical Criteria Used in UM Decisions” policy, which includes reviewing each code to identify relevant guideline notes from the OHP Prioritized List of Health Services and Oregon Administrative Rules (OAR) for coverage of Hospital Grade Breast Pumps.

PacificSource follows the “Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)” criteria for members under 21 and Young Adults with Special Health Care Needs (YSHCN).

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

CPT® codes, descriptions and materials are copyrighted by the American Medical Association (AMA).

HCPCS® codes, descriptions and materials are copyrighted by Centers for Medicare and Medicaid Services (CMS).

Related Policies

Durable Medical Equipment Rental vs Purchase

References

Becker GE, Smith HA, Cooney F. Methods of milk expression for lactating women. *Cochrane Database Syst Rev.* 2016 Sep 29;9(9):CD006170. doi: 10.1002/14651858.CD006170.pub5. PMID: 27684560; PMCID: PMC6457747.

Eidelman, R., Schanler, M., & Landers, S. (2012, March). 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 AL. Milk Volume at 2 Weeks Predicts Mother's Own Milk Feeding at Neonatal Intensive Care Unit Discharge for Very Low Birthweight Infants. *Breastfeed Med.* 2018 Mar;13(2):135-141. doi: 10.1089/bfm.2017.0159. Epub 2018 Jan 29. PMID: 29377728; PMCID: PMC5863077.

Larkin T, Kiehn T, Murphy PK, Uhryniak J. Examining the use and outcomes of a new hospital-grade breast pump in exclusively pumping NICU mothers. *Adv Neonatal Care.* 2013 Feb;13(1):75-82. doi: 10.1097/ANC.0b013e31827d4ce3. PMID: 23360861.

Meier PP, Patel AL, Hoban R, Engstrom JL. Which breast pump for which mother: an evidence-based approach to individualizing breast pump technology. *J Perinatol.* 2016 Jul;36(7):493-9. doi: 10.1038/jp.2016.14. Epub 2016 Feb 25. PMID: 26914013; PMCID: PMC4920726.

Oregon Administrative Rules (OARs). Oregon Health Authority. 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: 1/1/2026

Policy type: Enterprise

Author(s):

Depts: Health Services

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

Commercial OPs: 3/2025

Government OPs: 3/2025