
Utilization *ALERT*

- Before using this MCP for evaluation of medical necessity, benefit coverage **MUST** be verified in the member's EOC or benefit document.
 - All Commercial members have coverage for hospital grade breast pumps, as medically required;
 - Medicare does not have a National Coverage Determination (NCD) for Breast Pumps.
 - Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist at this time.
 - After searching the Medicare Coverage Database, if no NCD/LCD/LCA is found, then use the policy referenced above for coverage guidelines
-

I. DME/Device: Breast Pumps

- A. Hospital Grade breast pumps are for direct care and treatment of a condition, illness or injury.** Kaiser Permanente covers the rental of hospital grade electric heavy-duty breast pump (E0604) for use in the home according to **Section II** of this policy.
1. Hospital grade breast pumps are medically necessary equipment and coverage is not dependent on if the member's benefit plan includes Affordable Care Act (ACA) services.
 2. Coverage and limitations are outlined in the DME section of the mother's benefit plan.
- B. Personal, non-hospital grade, single user manual and electric breast pumps** are not required to treat a condition, illness, or injury but are required coverage for all commercial members as outlined in Section IV of this policy.

II. Indications for coverage of hospital grade breast pumps

- A.** Kaiser Permanente covers rental hospital grade electric heavy-duty breast pump (E0604), to support breast feeding during treatment of a condition, illness, or injury.
- B.** Coverage of hospital grade electric breast pump is available when the mother is engaged in breast feeding and either the baby or mother have one of the following conditions **OR** the pediatrician or OB documents that a hospital grade breast pump is medically necessary and that a single use electric pump will not suffice.
1. When a baby is hospitalized and the mother is not, such as babies remaining in the NICU after the mother is discharged or there is a medical need for separation of the mother and infant.
 2. Baby is pre-term up to 36 weeks and 6-day gestation.
 3. Baby is low birth weight (< 2500 grams)
 4. Baby has excessive weight loss (> 10% of birth weight)
 5. Multiple birth (twins, triplets, or higher order multiples)

6. Baby has poor latch with resultant hyperbilirubinemia
7. Baby has congenital ankyloglossia or other craniofacial anomalies e.g., cleft lip/cleft palate (also advise parents to purchase a Haberman feeder)

III. Exclusions/Limitations of Hospital grade breast pumps

- A. Hospital grade breast pumps are excluded from coverage to establish or re-establish lactogenesis due to mother/infant separations for reasons other than illness or hospitalization.
- B. Coverage is limited to rental of hospital grade breast pump regardless of duration; purchase of a hospital grade breast pump is excluded from coverage.
- C. A mother's report of inadequate milk production does not meet coverage requirements. She should be referred for an International Board-Certified Lactation Consultant (IBCLC) and/or physician evaluation;
- D. Milk storage supplies and devices are excluded from coverage as they are not required for direct care and treatment of a condition.

IV. Personal use/non-hospital grade breast pumps

Kaiser Permanente issues personal (single user) electric breast pumps (or, rarely, manual breast pumps, per member preference) to members.

- A. For members engaged in breastfeeding, there are no restrictions or requirements such as extended periods away from baby for work or school for qualification.
- B. Personal use breast pumps are obtained at mother's request. A consultation with a physician or lactation consultant is recommended.
- C. Mothers who initially require a hospital grade breast pump should be directed to obtain an IBCLC evaluation before their initial 3-month rental period is completed to plan for their next level of breast pump needs.
- D. The retail grade double electric breast pump purchased by Kaiser Permanente will be supplied by the KP-MAS OB/GYN Department or Newborn Care Center to the mother with instructions by an Obstetric Nurse or Certified Lactation Consultant on equipment use and care.
- E. Only one double electric breast pump is covered per birth(s) that result in multiple deliveries



References

1. American Academy of Family Physicians (AAFP). Breastfeeding [position paper]. 2012. Accessed 05/14/2015.
2. American Academy of Pediatrics (AAP). Breastfeeding initiatives; FAQs. Accessed 05/14/2015.
3. Medicare Coverage Database; no applicable coverage determinations for breast pump or CPT code E604. Accessed 05/11/2016.
4. U.S. Department of Health and Human Services, "Breast Pumps and Insurance Coverage: what you need to know." Accessed 05/14/2015.
5. Meier PP; Engstorm JL; Hurst NM; Ackerman B; Allen M; Motykowski JE; Zuleger JL; Jegier BJ; Meier, Paula P; Engstorm, Janet L; Hurst, Nancy M; Ackerman, Barbara; Allen, Maureen; Motykowski, Judy E; Zuleger, Joyce L; Jeguier, Briana A comparison of the efficiency, efficacy, comfort and convenience of two hospital-grade electric breast pumps for mothers of very low birthweight infants (includes abstract). *J. Breastfeeding Medicine*, 2008 Sep; 3(3): 141-150. 10p (journal article – clinical trial, research) ISSN: 1556-8253 PMID: 18778208, Database.
6. Meier, P, Patel, A, Hoban, R. *et al.* Which breast pump for which mother: an evidence-based approach to individualizing breast pump technology. *J Perinatol* 36, 493–499 (2016).
<https://doi.org/10.1038/jp.2016.14>
7. Burton P, Kennedy K, Ahluwalia JS, Nicholl R, Lucas A, Fewtrell MS. Randomized trial comparing the effectiveness of 2 electric breast pumps in the NICU. *J Hum Lact.* 2013 Aug;29(3):412-9. doi: 10.1177/0890334413490995. Epub 2013 Jun 17.
<https://journals.sagepub.com/doi/pdf/10.1177/0890334413490995>
8. Flaherman, Valerie J, and Lee, Henry. "Breastfeeding" by Feeding Expressed Mother's Milk. *Pediatr Clin North Am.* 2013 Feb; 60(1): 227–246 doi: 10.1016/j.pcl.2012.10.003
9. Hawkins, Summer Sherburne, Fleisner, Sarah Dow, and Noble, Alice. Breastfeeding and the Affordable Care Act. *Pediatr Clin North Am.* 2015 Oct; 62(5): 1071–1091. Published online 2015 Jul 10. doi: 10.1016/j.pcl.2015.05.002
10. Fewtrell, M, Kennedy, K, Lukyanova, O, et al. Short-term efficacy of two breast pumps and impact on breastfeeding outcomes at 6 months in exclusively breastfeeding mothers: A randomised trial. *Matern Child Nutr.* 2019; 15: e12779. <https://doi.org/10.1111/mcn.12779>
11. 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>
12. MCG 26th edition. Copyright © 2022 MCG Health, LLC; no applicable criteria for search words: breast pump, lactation, breast feed/feeding
13. The American College of Obstetrics and Gynecologists (ACOG). Optimizing Support for Breastfeeding as Part of Obstetric Practice. Number 756. October 2018. Accessed 05/04/2022.
<https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/10/optimizing-support-for-breastfeeding-as-part-of-obstetric-practice>



KAISER PERMANENTE[®]
Mid-Atlantic States

Breast Pumps: Hospital Grade and Personal Use
Medical Coverage Policy

14. 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>
15. Ru Xifang, Huang Xiaofang, Feng Qi. Successful Full Lactation Achieved by Mothers of Preterm Infants Using Exclusive Pumping. *Frontiers in Pediatrics*. Volume 8, Year 2020. DOI=10.3389/fped.2020.00191. <https://www.frontiersin.org/article/10.3389/fped.2020.00191>
16. 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>
17. American Academy of Family Physicians (AAFP) Foundation. Breastfeeding, Family Physicians Supporting (Position Paper). Accessed: 01/24/2024. <https://www.aafp.org/about/policies/all/breastfeeding-position-paper.html>
18. Hoyt-Austin A, Kair L, Larson, I, et al. Guidelines for birth hospitalization discharge of breastfeeding dyads, Revised 2022. Academy of Breastfeeding Medicine Clinical Protocol No. 2. Breastfeeding Medicine, 2022; (17). <https://www.bfmed.org/assets/DOCUMENTS/PROTOCOLS/ABM%20Protocol%20%232bfm.2022.29203.aeh.pdf>.
19. 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>



**Breast Pumps: Hospital Grade and Personal Use
Medical Coverage Policy**

Approval History

| Date approved by RUMC* | Date filed with the State of Maryland | Date of Implementation (Ten days after filing) |
|-------------------------------|--|---|
| 05/29/2015 | 06/02/2015 | 06/15/2015 |
| 05/27/2016 | 05/31/2016 | 06/10/2016 |

Approval History

Effective June 01, 2016, state filing is no longer required per Maryland House Bill [HB 798](#) – Health Insurance – Reporting

| Date approved by RUMC | Date of Implementation |
|------------------------------|-------------------------------|
| 06/01/2017 | 06/01/2017 |
| 05/29/2018 | 05/29/2018 |
| 05/28/2019 | 05/28/2019 |
| 05/14/2020 | 05/14/2020 |
| 05/04/2021 | 05/04/2021 |
| 09/27/2021 | 09/27/2021 |
| 09/23/2022 | 09/23/2022 |
| 08/24/2023 | 08/24/2023 |
| 03/19/2024 | 03/19/2024 |

*The Regional Utilization Management Committee received **delegated authority** to review and approve designated Utilization Management and Medical Coverage Policies by the Regional Quality Improvement Committee in 2011.

Note: Kaiser Permanente Mid-Atlantic States (KPMAS) include referral and authorization criteria to support primary care and specialty care practitioners, as appropriate, in caring for members with selected conditions. Whenever possible, Medical Coverage Policies are evidence-based and may also include expert opinion. Medical Coverage Policies are not intended or designed as a substitute for the reasonable exercise of independent clinical judgment by a practitioner in any particular set of circumstances for an individual member.

©2024, Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
©2024, Mid-Atlantic Permanente Medical Group, P.C.