GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

DESCRIPTION
Breast Pumps are devices often used by breastfeeding women to extract (“express”) their breast milk. The devices may be manual, battery-powered, or electric pumps. Breast pumps can also be used to maintain or increase a woman’s milk supply, relieve engorged breasts and plugged milk ducts, or pull out flat or inverted nipples so a nursing baby can latch-on to its mother’s breast more easily. Many women find it convenient, or even necessary to use a breast pump to express and store their breast milk once they have returned to work, are traveling, or are otherwise separated from their baby. A breast pump can be used as a supplement to breastfeeding, and some pumps are designed to mimic the suckling of a nursing baby.

Breastfeeding Counseling
Breastfeeding provides substantial health benefits for children and provides moderate health benefits for women. Counseling to promote and support breastfeeding increases the rates of initiation, duration, and exclusivity of breastfeeding.

POLICY
A manual or standard electric breast pump (E0602 or E0603) does not require prior authorization.

A hospital grade breast pump (E0604) requires prior authorization if utilized for more than six months.

Breastfeeding supported counseling (99401-99404, 99411, 99412) does not require prior authorization.

Replacement supplies for breast pumps (A4281- A4286) are non-covered for Advantage.
Replacement supplies for breast pumps (A4281- A4286) do not require prior authorization for HMO, PPO, Individual Marketplace, & Elite.

HMO, PPO, Individual Marketplace, Elite, Advantage
On August 1, 2011, under the Affordable Care Act, the Department of Health and Human Services (HHS) adopted additional guidelines for Women’s Preventive Services. Effective August 1, 2012, all non-grandfathered plans are required to provide coverage without cost sharing. Breastfeeding support, supplies, and counseling are included in these updated preventive services.

A manual or standard electric breast pump (E0602 or E0603) is considered medically necessary for the initiation or continuation of breastfeeding. Breast pumps must be obtained from a Durable Medical Equipment (DME) provider.

A heavy duty electrical/hospital grade breast pump (E0604) requires prior authorization if utilized for more than six months.

- Rental of a hospital grade pump solely for convenience or to allow for the mother’s return to work is considered not medically necessary.
- Purchase of a hospital grade pump is considered not medically necessary.
- A hospital grade pump is medically necessary for circumstances such as:
  - When a breastfeeding infant is confined to the hospital after the mother has been discharged (rental is not considered medically necessary once the infant is discharged unless another indication is met)
  - When a breastfeeding infant has a medical or congenital condition that interferes with breastfeeding (for example, respiratory or cardiac condition, cleft palate)
  - The mother has a medical condition or anatomical anomaly that prevents effective breastfeeding.
Breastfeeding supported counseling (99401-99404, 99411, 99412) by a trained provider during pregnancy and/or during the post-partum period is covered.

Breast feeding is contraindicated in all of the following situations:
- Infants with classic galactosemia (galactose 1-phosphate uridyltransferase deficiency)
- Mothers who have active untreated tuberculosis disease or are human T-cell lymphotrop virus type I–or II–positive
- Mothers who are receiving diagnostic or therapeutic radioactive isotopes or have had exposure to radioactive materials (for as long as there is radioactivity in the milk)
- Mothers who are receiving antimetabolites or chemotherapeutic agents or a small number of other medications until they clear the milk
- Mothers who are using drugs of abuse ("street drugs")
- Mothers who have herpes simplex lesions on a breast (infant may feed from other breast if clear of lesions)

Non-covered breast pump-related items:
- Baby weight scales
- Batteries, battery-powered adaptors, and battery packs
- Bottles which are not specific to breast pump operation including the associated bottle nipples, caps and lids
- Breast milk storage bags, ice-packs, labels, labeling lids, and other similar products
- Breast pump cleaning supplies including soap, sprays, wipes, steam cleaning bags and other similar products
- Creams, ointments, and other products that relieve breasts or nipples
- Electrical power adapters for travel
- Garments or other products that allow hands-free pump operation
- Nursing bras, bra pads, breast shells, nipple shields, and other similar products
- Travel bags, and other similar travel or carrying accessories

CODING/BILLING INFORMATION
The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

<table>
<thead>
<tr>
<th>CPT CODES</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>99401</td>
<td>Preventive medicine counseling/risk factor reduction, 15 minutes</td>
</tr>
<tr>
<td>99402</td>
<td>Preventive medicine counseling/risk factor reduction, 30 minutes</td>
</tr>
<tr>
<td>99403</td>
<td>Preventive medicine counseling/risk factor reduction, 45 minutes</td>
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<tr>
<td>99404</td>
<td>Preventive medicine counseling/risk factor reduction, 60 minutes</td>
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<tr>
<td>99411</td>
<td>Preventive medicine counseling/risk factor reduction, group, 30 minutes</td>
</tr>
<tr>
<td>99412</td>
<td>Preventive medicine counseling/risk factor reduction, group, 60 minutes</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>HCPCS CODES</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A4281</td>
<td>Tubing for breast pump, replacement</td>
</tr>
<tr>
<td>A4282</td>
<td>Adapter for breast pump, replacement</td>
</tr>
<tr>
<td>A4283</td>
<td>Cap for breast pump bottle, replacement</td>
</tr>
<tr>
<td>A4284</td>
<td>Breast shield and splash protector for use with breast pump, replacement</td>
</tr>
<tr>
<td>A4285</td>
<td>Polycarbonate bottle for use with breast pump, replacement</td>
</tr>
<tr>
<td>A4286</td>
<td>Locking ring for breast pump, replacement</td>
</tr>
<tr>
<td>E0602</td>
<td>Breast pump, manual, any type</td>
</tr>
<tr>
<td>E0603</td>
<td>Breast pump, electric (AC and/or DC), any type</td>
</tr>
<tr>
<td>E0604</td>
<td>Breast pump, hospital grade, electric (AC and/or DC), any type</td>
</tr>
</tbody>
</table>

REVISION HISTORY EXPLANATION
07/01/10: Updated
08/01/12: Updated to reflect PPACA Rules
08/27/12: Updated
12/10/13: Removed all ICD-9 codes 676.8, 783.3, 779.31. Removed codes 99406, 99407, 99408, 99409, 99420, 99429, G0438, G0439. Policy reviewed and updated to reflect most current clinical evidence. Approved by Medical Policy Steering Committee as revised.
08/08/17: Clarified in policy that replacement supplies for breast pumps (A4281- A4286) are non-covered for Advantage per ODM guidelines. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

REFERENCES/RESOURCES
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid http://jfs.ohio.gov/
American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
Industry Standard Review