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. Breast pumps facilitate an infant’s ability to receive their mother’s own breast milk when it would be difficult to do so without equipment. 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. Breast milk provides unsurpassed nutrition and immune protections, influencing the growth and development of infants, and is a significant primary prevention strategy for improving infant health outcomes. Counseling to promote and support breastfeeding increases the rates of initiation, duration, and exclusivity of breastfeeding. Breastfeeding is encouraged as a means to prevent various illnesses and conditions and to promote the health and wellness of mothers and infants.

POLICY
Breastfeeding supported counseling (99401-99404) does not require prior authorization for Advantage. Codes 99411 & 99412 are non-covered for Advantage.

Breastfeeding supported counseling (99401-99404, 99411, 99412) does not require prior authorization for HMO, PPO, Individual Marketplace, & Elite.

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

A hospital grade electric breast pump (E0604) – Initial 6 month rental does not require a prior authorization. A prior authorization is required when utilized for more than 6 months.

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.

Limits:
- E0602 – 2 per 2 years. The purchase of one (1) standard manual breast pump every two years. One (1) replacement if the breast pump is broken, lost or subsequent pregnancy every two years
- E0603 – 2 per 5 years. The purchase of one (1) standard electric breast pump every five years. One (1) replacement if the breast pump is broken or lost ever five years.

Only one of these procedures codes r/t breast pumps may be reimbursed when submitted for the same date of service by any provider.

Procedure codes E0602 and E0603 will be denied when submitted within the same calendar month as procedure E0604.
- A4281-A4286 – Each part – up to 2 times within 12 months from the breast pump date of purchase, for HMO, PPO, Individual Marketplace & Elite.
HMO, PPO, Individual Marketplace, Elite, Advantage

Breastfeeding support, supplies, and counseling are included in preventive services.
- The USPSTF recommends providing interventions during pregnancy and after birth to support breastfeeding, USPSTF "B". The Women's Preventive Services Initiative recommends comprehensive lactation support services (including counseling, education, and breastfeeding equipment and supplies) during the antenatal, perinatal, and the postpartum period to ensure the successful initiation and maintenance of breastfeeding.
- The Affordable Care Act 2012 requires lactation counseling as a women's preventive service.

Breastfeeding supported counseling (99401-99404) by a trained provider, licensed lactation consultant or physician) during pregnancy and/or during the post-partum period is covered (99401-99404). Codes 99411 & 99412 are non-covered for Advantage.

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 during the 3rd trimester or postpartum period.

Breast pumps are considered medically necessary for mothers meeting one of the following criteria:
- Breast conditions, like engorgement, infection, breast abscess and fibrocystic breasts; OR,
- Nipple conditions, like itchy, bleeding, sore nipples, and pain or fissures in nipples; OR,
- Supplementation for low milk supply, or any lactation risk factors; OR,
- Expressing milk after delivering a stillborn infant; OR,
- Need to go to work or school; OR,
- Any other reason which prevents breastfeeding; OR,
- Having normal pregnancy and/or healthy baby.

Breast pumps are considered medically necessary for infants with any one of the following:
- Having difficulty latching-on or difficulty feeding at the breast; OR,
- Having genetic, neurologic, or other medical conditions; OR,
- Was born premature or late preterm.

Electric breast pumps utilize procedure code E0603 must be rented or purchased from an In-Network par-provider or a contracted durable medical equipment supplier.

A heavy duty electrical/hospital grade breast pump (E0604) requires prior authorization if utilized for more than six months.
- A hospital grade pump is medically necessary for circumstances such as:
  o When a breastfeeding infant is confined to the hospital after the mother has been discharged (for example, NICU babies (pre-term infants, infants with a low birth weight), infants readmitted to hospital) (rental is not considered medically necessary once the infant is discharged unless another indication is met)
  o When a breastfeeding infant has a medical or congenital condition that interferes with breastfeeding:
    o Neurologic disorders
    o Genetic abnormalities (e.g. Down’s Syndrome)
    o Anatomic and mechanical malformations (e.g. cleft lip and palate)
    o Congenital malformations requiring surgery (e.g. respiratory, cardiac, gastrointestinal, central nervous system)
    o Other conditions that prevent normal breastfeeding (e.g. respiratory compromise)
    o The mother has a medical condition or anatomical anomaly that prevents effective breastfeeding.
- Hospital grade breast pumps utilize procedure code E0604 and are only covered when rented In-Network par-provider or from an In-Network durable medical equipment supplier.
- Rental of a hospital grade pump solely for convenience or to allow the mother's return to work is considered not medically necessary.
- Purchase of a hospital grade pump is considered not medically necessary.

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

Pumps should be prescribed in coordination with lactation services to determine the best type of pump:

- Manual pumps (single-user) are appropriate for daily milk expression or occasional use, depending on the mother’s life schedule such as working part-time.
- Personal use (single-user) double electric pumps are intended for mothers who are returning to work or school, have an established milk supply, and are anticipating long-term use.
- Personal use (single-user) single electric pumps are not recommended since they are not effective in maintaining a long-term milk supply or when pumping during short time periods such as work breaks.
- Hospital grade, multi-user pumps (with a single-user, double pumping kit) are designed for short and long-term use based on the mother’s and infant’s health situation, and appropriate for women who need to establish their milk supply.

Breastfeeding 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 lymphotropic 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)
- The American Academy of Pediatrics (AAP) and the Centers for Disease Control and Prevention (CDC) advice that mothers who are infected with human immunodeficiency virus (HIV), Human T-lymphotropic virus (HTLV)-1, and HTLV-2 infection should not breastfeed as the virus may be passed to their infant.

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.

**CPT CODES**

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<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tr>
<td>99401</td>
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<tr>
<td>99402</td>
<td>Preventive medicine counseling/risk factor reduction, 30 minutes</td>
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<tr>
<td>99403</td>
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<td>Preventive medicine counseling/risk factor reduction, 60 minutes</td>
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<td>99411</td>
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<td>99412</td>
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**HCPCS CODES**

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<th>Code</th>
<th>Description</th>
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<tr>
<td>A4281</td>
<td>Tubing for breast pump, replacement</td>
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<tr>
<td>A4282</td>
<td>Adapter for breast pump, replacement</td>
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<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>
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<tr>
<td>A4285</td>
<td>Polycarbonate bottle for use with breast pump, replacement</td>
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<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>
</tbody>
</table>
E0604  Breast pump, hospital grade, electric (AC and/or DC), any type

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.
03/13/18: A manual or standard electric breast pump (E0602 or E0603) may be obtained during the 3rd trimester or postpartum period. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.
04/10/18: Codes 99411 & 99412 are non-covered for Advantage per ODM guidelines. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.
05/05/20: Policy updated to include limits.

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