Item: **Breast Pump – Hospital Grade**	Effective: 12/03
Covered by: ☒ DME Benefit	Reviewed: 06/19, 05/18 Reviewed/Revised: 02/26, 03/23, 09/02/21, 11/01/20, 01/20, 06/19, 5/18, 01/18, 06/17, 05/16, 05/15, May 2014-2009, 08/06, 02/08, 09/15
Category: ☒DME ☐Prosthetic ☐Orthotic ☐Medical Supply	
Review Responsibility: DME Manager	

Clinical Criteria:

A hospital grade breast pump is covered for all members with a DME benefit when one or more of the following Kaiser Permanente criteria are met:

1. Medical appropriateness for infant:
   a. Pre-term, and in the neonatal period (from birth to one month of age) or
   b. Term and hospitalization beyond 5 days, or
   c. Cleft palate or cleft lip, or
   d. Cranial-facial abnormalities, or
   e. Unable to suck adequately, or
   f. Re-hospitalized for longer than 5 days, or
   g. Failure to thrive, or
   h. Hyperbilirubinemia

2. Medical appropriateness for parent:
   a. Breast abscess, or
   b. Mastitis, or
   c. Hospitalization due to illness or surgery (for short-term use, while hospitalized to maintain lactation), or
   d. History of breast surgery, or
   e. History of low milk supply with a previous baby, or
   f. Birth of multiple babies, or
   g. Damaged nipples requiring a rest period, or
   h. Documentation that the home use pump is not sufficient to maintain or increase milk supply, or
   i. Non-gestational breastfeeding in which the member is the parent or guardian of the baby but did not carry the baby and is inducing lactation (including male-to-female transgender individuals who wish to breastfeed).

Comments on Application of Benefit:

1. Electric breast pump is not authorized for the comfort and convenience of the member.
2. These are hospital grade, rental breast pumps and different from the breast pumps that are given out per the ACA requirements.
3. Maximum authorization duration may not extend beyond the infant's first birthday.

Line of Business KP criteria applies to:	Apply this Criteria?	If No, Link to External Criteria
Commercial (Includes Self-Funded & KPIF Plans)	Yes	
Senior Advantage	Yes	
OR Medicaid (OHP)	No	Breast Pumps OAR 410-122-0250
WA Medicaid (Molina)	Yes	

REFERENCES:

Medicare

Local Coverage Determination: n/a
Policy Article: n/a
National Coverage Determination: n/a

Oregon Health Authority

OAR 410-122-0250 Breast Pumps

Washington Apple Health

Washington HCA Medical Equipment and Supplies Billing Guide