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**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
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**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 why 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)
- C. All hospital grade breast pumps are approved for an initial 3-month period and require re-evaluation by the ordering physician or a certified lactation consultation for ongoing approval.

### **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 30-day (or 60 days for babies < 29-weeks gestation) 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



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### 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
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05/14/2020	05/14/2020
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09/27/2021	09/27/2021
09/23/2022	09/23/2022

 <b>KAISER PERMANENTE</b> <sup>®</sup> Mid-Atlantic States	<b>Breast Pumps: Hospital Grade and Personal Use</b>  <b>Medical Coverage Policy</b>
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08/24/2023	08/24/2023
08/28/2024	08/28/2024

\*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.

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