

# UPMC Health Plan POLICY AND PROCEDURE MANUAL

**POLICY NUMBER: PAY.053**  
**REVISION DATE: 04/09**  
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**PAGE NUMBER: 1 of 5**

**SUBJECT:** Breast Pumps  
**INDEX TITLE:** Medical Management  
**ORIGINAL DATE:** May 2008

**This policy applies to the following lines of business: (Check those that apply.)**

<b>Commercial:</b>					
HMO ( )	POS ( )	PPO ( )	OOA/DOC ( )		
Fully Insured ( )	Self-funded/ASO ( )	HSA ( )	All ( X )		
Medicare Select ( )	Medicare Supplement ( )				
<b>DPW-MA:</b>					
Health Choices ( )	Voluntary ( )	All ( X )			
<b>CMS-MA:</b>					
HMO ( X )	PPO ( X )	Specialty Needs Plan ( X )	Part D ( )	PFFS ( X )	All ( )
<b>PID-CHIP:</b>					
Free ( )	Sub ( )	All ( X )			

## **I. POLICY**

It is the policy of UPMC Health Plan to provide payment for manual and electric breast pumps when the mother is willing to breast feed and it is medically necessary and covered by the member's benefit plan.

UPMC Health Plan covers the purchase of a manual breast pump for all members.

UPMC Health Plan covers the purchase of a standard electric breast pump for use in the home according to the guidelines found in this policy.

## **II. DEFINITIONS**

N/A

## **III. PURPOSE**

The purpose of this policy is to define the criteria for medical necessity for breast pumps.

## **IV. SCOPE**

This policy applies to various UPMC Health Plan departments as indicated by the Benefit and Reimbursement Committee. These include, but are not limited to Medical Management, Benefit Configuration and Claims Departments.

## **V. PROCEDURE**

### **A. Medical Description / Background**

A breast pump is a device used to extract milk from the breast of a lactating mother for purposes of feeding an infant when the mother is unable to be present at feeding time or when the infant is unable to breastfeed due to congenital anomalies; poor or weak sucking response or other medical condition of the infant or lactating mother that interferes with normal feeding.

There are 3 types of breast pumps:

- 1. Manual Breast Pumps** - operated manually by the individual. They are used by healthy persons, do not require a physician's order or prescription, and can be obtained over the counter.
- 2. Standard Electric Breast Pumps** - alternating current/direct current (AC/DC) standard electrical breast pump are proven to be effective and medically appropriate when injury or illness of the mother or infant prevents normal breast feeding and a manual pump is not effective. An electric breast pump is used to extract milk from a lactating mother's breast for infant feeding when the infant is too sick or too weak to suck or when the mother cannot be present at feeding time. An electric breast pump is more effective than a manual pump in effectively emptying the breast of milk for the majority of women.
- 3. Heavy Duty Hospital Grade Breast Pumps** (e.g., Lactina®, Symphony®) - piston operated pulsatile vacuum suction / release with a vacuum regulator (AC and/or DC). These pumps are institutional grade for use in the hospital.

### **B. Indications**

A standard electrical breast pump is considered medically necessary for any one of the following indications:

#### Infant

1. The infant is detained in the hospital (prolonged infant hospitalization) and the mother is discharged; OR
2. The infant has a congenital anomaly that interferes with its ability to feed (e.g., Down Syndrome, cleft lip or palate, cardiac anomaly, Pierre-Robin syndrome); OR
3. The infant has neurological problems (e.g., facial palsy, cerebral palsy, oral-motor dysfunction); OR
4. The infant is unable to initiate breast-feeding due to a medical condition (e.g., prematurity, oral defect); OR
5. Prematurity-<35 weeks gestation; OR
6. Low birth weight-<2500 gms; OR
7. Failure to thrive.

**OR**

Maternal (To prevent discomfort from breast engorgement):

1. Temporary weaning (i.e., direct breast feeding is not possible due to mother/infant separation, or mother is required to take a medication or undergo a diagnostic test that is contraindicated with breast feeding); OR
2. Multiple gestation delivery; OR
3. Temporary drug therapy which contraindicates breast feeding; OR
4. Maternal illness or condition requiring hospitalization; OR
5. Breast feeding mothers who are separated from their baby for reasons of work, school, or sickness. The treating physician should furnish the reason the mother and baby is separated.

Refer to Variations section

**C. Limitations**

1. Breast pumps must be obtained from a Durable Medical Equipment (DME) provider.
2. Heavy duty hospital grade breast pumps are considered institutional equipment. DME that is considered institutional grade is not appropriate for use in the home and therefore **not covered**.
3. Breast feeding is contraindicated in all of the following situations:
  - Infants with classic galactosemia (galactose 1-phosphate uridylyltransferase 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"); Mother who have herpes simplex lesions on a breast (infant may feed from other breast if clear of lesions).

**D. Variations**

**For the Medical Assistance Product**

**Policy**

It is the policy of UPMC Health Plan to encourage all qualified members to enroll in the Women, Infant and Children (WIC) Nutrition Program. UPMC Health Plan will supplement benefits accordingly.

## **E. References**

1. American Academy of Pediatrics. Policy statement: Breastfeeding and the use of human milk. *Ped* 2005 Feb; 115(2):496-506.  
<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;115/2/496>.
2. *Pediatrics*, Official Journal of the American Academy of Pediatrics: Breastfeeding and the Use of Human Milk, Vol. 100, No. 6, December 1997. pp 1035-1039.
3. *Pennsylvania Bulletin*, Volume 26, Number 9, March 2, 1996. Office of Medical Assistance Programs; Payment for Breast Pumps
4. Allegheny County Health Department, Women, Infants and Children (WIC).  
<http://www.achd.net/wic/>
5. Pennsylvania Breastfeeding Coalition, Meeting Highlights: PA-Breastfeeding Coalition Minutes, January 19, 2005- Bridge Call.  
[http://www.pabreastfeeding.org/meeting\\_highlights/011905.html](http://www.pabreastfeeding.org/meeting_highlights/011905.html)
6. Mother Risk, Sick Kids, Breast Feeding and Drugs, Which Drugs are contraindicated during breastfeeding/: Practice Guidelines.

**Disclaimer:**

UPMC Health Plan medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of UPMC Health Plan and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

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