

The Department of Vermont Health Access Medical Policy

Subject: Electric Breast Pumps

Last Review: June 6, 2016

Revision 6: August 26, 2015

Revision 5: December 5, 2014

Revision 4: October 4, 2015

Revision 3: January 4, 2012

Revision 2: October 6, 2010

Revision 1: December 23, 2009

Original Effective: March 15, 2007

Description of Service or Procedure

A breast pump is a device used to extract milk from the breast of a lactating mother for infant feeding. The Department of Vermont Health Access (DVHA) provides electric devices as they have been demonstrated to be more effective than manual pumping devices in achieving the highest volume of milk output as well as maintaining and protecting the mother's milk supply until the baby can successfully return to the breast.

Disclaimer

Coverage is limited to that outlined in Medicaid Rule that pertains to the member's aid category. Prior Authorization (PA) is only valid if the member is eligible for the applicable item or service on the date of service.

Medicaid Rule

[7102.2](#) Prior Authorization Determination

[7103](#) Medical Necessity

[7505.2](#) Covered services: "Items of durable medical equipment that have been pre-approved for coverage are limited to: ...rental of electric breast pump and supplies for mothers of premature or critically-ill newborns..."

Medicaid Rules can be found at <http://humanservices.vermont.gov/on-line-rules>



Coverage Position

An electric breast pump may be covered for beneficiaries:

- When the electric breast pump is prescribed by a licensed medical provider, enrolled in the Vermont Medicaid program, operating within their scope of practice in accordance with the Vermont State Practice Act, who is knowledgeable in the use of electric breast pumps and who provides medical care to the beneficiary. AND
- When the clinical criteria below are met.

Coverage Criteria

Electric breast pumps may be covered for beneficiaries who meet the criteria below:

Electric breast pumps are appropriate for the infant beneficiary who:

- Demonstrates a medical inability to suck/swallow breast milk sufficiently to sustain growth and development. Examples: Cleft palate, craniofacial abnormalities, failure to thrive, ankyloglossia or prematurity < 37 weeks. Coverage ends when the infant is able to breastfeed successfully **OR**
- Is in a hospital setting, such as the neonatal intensive care unit (NICU), where the mother cannot be present at all times when feeding is appropriate. Coverage ends when hospitalization ends unless the infant returns home with an applicable diagnosis.

OR

Electric breast pumps are appropriate for the maternal beneficiary:

- When the mother is hospitalized and cannot be present for the infant at all times when feeding is appropriate (most hospitals have electric breast pumps that can be used by hospitalized mothers, so this would be a rare occurrence). Coverage ends upon return home. **OR**
- In cases when the maternal beneficiary must temporarily pump and discard, due to a medical condition or treatment, in order to initiate or sustain milk production. Coverage ends when the milk no longer needs to be discarded.

Clinical guidelines for repeat service or procedure

The device is always rented, never purchased. The first 3 months of use requires no prior authorization, but must meet medical necessity. Prior authorization is required when the request exceeds the 3 months allowed by Vermont Medicaid, or when there is a request for special types of supplies that are not generally covered. Supporting documentation must accompany requests for prior authorization, demonstrating the medical necessity and meeting the above clinical guidelines for any rental extension or additional supplies/unlisted supplies requested.

Type of service or procedure covered

Electric breast pump

Type of service or procedure not covered (this list may not be all inclusive)

There is no coverage for non-medical reasons such as maternal return to work or infant entering a child care setting.

References

American Heart Association (2009). Your child's special needs. Retrieved September 4, 2013, from: http://www.heart.org/idc/groups/heart-public/@wcm/@hcm/documents/downloadable/ucm_317607.pdf

Becker GE., McCormick FM., and Renfrew, MJ. Methods of milk expression for lactating women (Review). In: The Cochrane Library, Issue 4, 2009. Chichester: Wiley. Updated quarterly.

Buckley, K. & Charles, G. (2006). Benefit and challenges of transitioning preterm infants to at-breast feeding. *International Breastfeeding Journal*, 1(13). Retrieved September 9, 2013, from: <http://www.ncbi.nlm.nih.gov/pubmed/18843707>

Glenny AM., et al. Feeding interventions for growth and development in infants with cleft lip, cleft palate or cleft lip and palate (Review). In: The Cochrane Library, Issue 4, 2009. Chichester: Wiley. Updated quarterly.

Henderson G., Anthony MY., and McGuire W. Formula milk versus maternal breast milk for feeding preterm or low birth weight infants (Review). In: The Cochrane Library, Issue 4, 2008. Chichester: Wiley. Updated quarterly.

Henderson G., Fahey T., and McGuire W. Nutrient-enriched formula milk versus human breast milk for preterm infants following hospital discharge (Review). In: The Cochrane Library, Issue 1, 2009. Chichester: Wiley. Updated quarterly.

National Guideline Clearinghouse Guidelines: Assessment and care of the late preterm infant. Evidence-based clinical practice guidelines. (2010). Association of Women's Health, Obstetric and Neonatal Nurses. Retrieved September 4, 2013, from: <http://www.guideline.gov/content.aspx?id=24066&search=assessment+and+care+of+the+preterm+infant>

U.S. Department of Health and Human Services. (2012). *Women's Preventative Services: Required Health Plan Coverage Guidelines*. Retrieved June 25, 2013, from: <http://www.hrsa.gov/womensguidelines/>

This document has been classified as public information.