

The Office of Vermont Health Access Medical Guidelines

Subject: Electric Breast Pumps
Last Review: January 4, 2012
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 when the mother cannot be present for feeding (due to medical reasons) or when the infant is too sick or too weak to suck from the mother's breast. Electric devices 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 Beneficiary's Aid Category. Prior Authorization is only valid if the Beneficiary 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 VT Medicaid program who is knowledgeable in the use of an electric breast pump and who provides medical care to the beneficiary AND
- Who meet the clinical guidelines below.

Coverage guidelines

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 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

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.

Clinical guidelines for repeat service or procedure

The device is always rented, never purchased. The first 3 months of use requires no prior authorization. Prior authorization is required when the request exceeds the quantity allowed by 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 for the additional supplies/unlisted supplies.

Type of service or procedure covered

- Electric breast pump (AC or DC).

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

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