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The Department of Vermont Health Access Clinical Criteria

Subject: Breast Pumps
Last Review: May 5, 2023*
Past Revisions: January 31, 2022, September 21, 2020, April 27, 2020, August 1, 2018, June 6, 2016, August 26, 2015, December 5, 2014, October 4, 2015, January 4, 2012, October 6, 2010, December 23, 2009, and March 15, 2007

***Please note: Most current content changes will be highlighted in yellow.**

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) covers electric breast pumps (both personal use and hospital-grade) as they have been demonstrated to be more effective than manual breast pumps in achieving the highest volume of milk output as well as maintaining and protecting the mother's milk supply.

Disclaimer

Coverage is limited to that outlined in Medicaid Rule or Health Care Administrative Rules 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

Medicaid and Health Care Administrative Rules can be found at https://humanservices.vermont.gov/rules-policies/health-care-rules/health-care-administrative-rules-hcar/adopted-rules

7102.2	Prior Authorization Determination
4.101	Medical Necessity for Covered Services
4.104	Medicaid Non-Covered Services
4.106	Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services
4.209	Durable Medical Equipment

Coverage Position

An electric or hospital grade breast pump may be covered for members:

- When the device is prescribed by a licensed medical provider, enrolled in the Vermont Medicaid program, operating within their scope of practice as described on the Vermont Office of Professional Regulation's website*, Statute, or rule who is knowledgeable regarding an electric breast pump and who provides medical care to the member AND
- When the clinical criteria below are met.

* Vermont's Office of Professional Regulation's website: https://sos.vermont.gov/opr/

Coverage Criteria

Personal use double electric breast pumps (purchase only) which are single use may be covered for new mother members once the baby is born and up to 60 days post-partum who:
Have a prescription from a provider, **AND**

- Are or will be separated from their infant on a regular basis, OR
- Must temporarily pump and/or discard due to a medical condition or treatment in order to initiate or sustain milk production.
- Vermont Medicaid allows one new personal use double electric breast pump per mother every three years.

Hospital-grade electric breast pumps (rental only) may be covered for infant members who:

- Demonstrate 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 breastfeeds successfully. **OR**
- Are in a hospital setting, such as the neonatal intensive care unit (NICU), where the mother cannot be present at times when feeding is appropriate. Coverage ends when hospitalization ends unless the infant returns home with an applicable diagnosis.

OR

For maternal members who:

- Are hospitalized and cannot be present for the infant at 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**
- Must temporarily pump and/or discard, due to a medical condition or treatment to initiate or sustain milk production. Coverage ends when the milk no longer needs to be pumped and/or discarded, **OR**
- Had a multiple birth (e.g., twins or triplets) delivery. Coverage ends when breast-feeding at the breast is established consistently with good milk transfer, **OR**
- Have an anatomical breast problem, which may resolve with the use of a hospital-grade electric breast pump. Coverage ends when breast-feeding at the breast is established consistently with good milk transfer.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT): Vermont Medicaid will provide comprehensive services and furnish all Medicaid coverable, appropriate, and medically necessary services needed to correct and ameliorate health conditions for Medicaid members under age 21.

Please note, Vermont Medicaid Clinical Criteria is reviewed based on available literature, evidence- based guidelines/standards, Medicaid rule and policy, and Medicare coverage determinations that may be appropriate to incorporate when applicable.

Clinical criteria for repeat service or procedure

- Personal use double electric breast pumps are always purchased (not for rental).
    - Only one new pump per mother is allowed every three years.
- Hospital-grade electric breast pumps are always rented.
- New pump, supplies, or access to a hospital grade pump greater than 1 month will not require a prior authorization.
- Please refer to the DME limitations list under provider resources at http://vtmedicaid.com/#/resources for guidance. Providers must have documents in the member's file that supports medical necessity to justify services or items provided in excess of the limitations.

Type of service or procedure covered

Electric breast pumps, personal use, or hospital-grade when above criteria are met.

Coding guidelines

Please see the Medicaid Portal at http://vtmedicaid.com/#/feeSchedule for fee schedules, code coverage, and applicable requirements.

Supplies for hospital-grade electric breast pumps, if needed, can be billed at initial rental only using the following codes:

Billing Code	Description	Quantity Allowed
A4281	Breast pump tubing	2
A4282	Adapter for breast pump	1
A4283	Cap for breast pump	2
A4284	Breast shield and splash protector	2
A4285	Bottle for use with breast pump	2
A4286	Locking ring	2

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

The following are not covered:

- Supplies for personal use breast pumps.

References

Abrams, S. A., & Hurst, N. M. (2022, June). *Breast milk expression for the preterm infant*. UpToDate. Retrieved April 4, 2023, from https://www.uptodate.com/contents/breast-milk-expression-for-the-preterm-infant?search=breast+pump&source=search_result&selectedTitle=4~72&usage_type=default&display_rank=4

Centers for Disease Control and Prevention. (2022, January 20). *Breastfeeding and COVID-19*. COVID-19. Retrieved April 12, 2023, from https://www.cdc.gov/breastfeeding/breastfeeding-special-circumstances/maternal-or-infant-illnesses/covid-19-and-breastfeeding.html

Centers for Medicare & Medicaid Services. (n.d.). *Early and periodic screening, diagnostic, and treatment*. Medicaid.gov. Retrieved April 4, 2023, from https://www.medicaid.gov/medicaid/benefits/epsdt/index.html

FDA. (2018, March 26). *Breast pumps*. U.S. Food and Drug Administration. Retrieved April 4, 2023, from https://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/HomeHealthandConsumer/ConsumerProducts/BreastPumps/default.htm

Health Resources & Services Administration. (2022, December). *Women's Preventive Services Guidelines*. *Affordable Care Act Expands Prevention Coverage for Women's Health and Well-Being.* Retrieved April 4, 2023, from https://www.hrsa.gov/womens-guidelines/index.html

Hoyt-Austin, A. E., Cheng, J. H., Moua, H., Tancredi, D. J., Chantry, C. J., & Kair, L. R. (2023). Providing low-income women with a manual pump: A pilot study. *Hospital Pediatrics*, *13*(2), 115–124. https://doi.org/10.1542/hpeds.2021-006380

Kellams, A. (2022, July 5). *Initiation of breastfeeding*. UpToDate. Retrieved April 4, 2023, from https://www.uptodate.com/contents/initiation-of-breastfeeding?search=initiation%20of%20breastfeeding&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1

Meier, P. P., Patel, A. L., Hoban, R., & Engstrom, J. L. (2016). Which breast pump for which mother: An evidence-based approach to Individualizing Breast Pump Technology. *Journal of Perinatology*, *36*(7), 493–499. https://doi.org/10.1038/jp.2016.14

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