

## **The Department of Vermont Health Access Clinical Criteria**

**Subject:** Breast Pumps

**Last Review:** January 1, 2024\*

**Past Revisions:** August 15, 2023, May 5, 2023, 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 pregnant members 60 days before their projected due date and up to 120 days post-partum who:

- Have a prescription from a provider, **AND**
- Plan to breastfeed or exclusively pump

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

- Demonstrate a medical inability to suck/swallow breast milk sufficiently to sustain growth and development. Examples include but are not limited to: 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 lactating person cannot be present at times when feeding is appropriate. Coverage ends when hospitalization ends unless the infant returns home with an applicable diagnosis, **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, **OR**
- Need a hospital grade pump to maintain adequate milk supply because a personal use pump does not work effectively to maintain an adequate milk supply for the member.

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 lactating person is allowed per pregnancy.
- 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 include documentation in the member’s chart 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 the 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 (per pregnancy)
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
A4287	Storage bags for breast milk	100 per 30 days

## 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

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