The Department of Vermont Health Access Clinical Criteria

Subject: Breast Pumps
Last Review: April 27, 2020*

*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 beneficiary’s aid category. Prior Authorization (PA) is only valid if the beneficiary is eligible for the applicable item or service on the date of service.

Medicaid Rule


Medicaid Rules

7102.2 Prior Authorization Determination
7103 Medical Necessity

Health Care Administrative Rules

HCAR 4.209 Durable Medical Equipment
Coverage Position

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

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

Coverage Criteria

Personal use double electric breast pumps (Purchase Only):
Personal use double electric breast pumps (single use) are covered for new mother beneficiaries (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 (e.g. COVID-19) 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)
Hospital-grade electric breast pumps may be covered for infant beneficiaries 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 beneficiaries 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 (COVID-19) in order 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). 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.

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Early and Periodic Screening, Diagnostic and Treatment (EPSDT) exception: 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.

**Clinical criteria for repeat service or procedure**

- Personal use double electric breast pumps are always purchased.
  - Only one new pump per mother is allowed every three years.

- Hospital-grade electric breast pumps are always rented.
  - Prior Authorization is required when the request exceeds the one month allowed by Vermont Medicaid.
  - 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 pumps, personal use or hospital-grade, when above criteria are met.

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

<table>
<thead>
<tr>
<th>Billing Code</th>
<th>Description</th>
<th>Quantity Allowed</th>
<th>Rate*</th>
</tr>
</thead>
<tbody>
<tr>
<td>A4281</td>
<td>Breast pump tubing</td>
<td>2</td>
<td>$4.41 ea.</td>
</tr>
<tr>
<td>A4282</td>
<td>Adapter for breast pump</td>
<td>1</td>
<td>$6.70 ea.</td>
</tr>
<tr>
<td>A4283</td>
<td>Cap for breast pump</td>
<td>2</td>
<td>$2.09 ea.</td>
</tr>
<tr>
<td>A4284</td>
<td>Breast shield and splash protector</td>
<td>2</td>
<td>$7.17 ea.</td>
</tr>
<tr>
<td>A4285</td>
<td>Bottle for use with breast pump</td>
<td>2</td>
<td>$4.03 ea.</td>
</tr>
<tr>
<td>A4286</td>
<td>Locking ring</td>
<td>2</td>
<td>$2.56 ea.</td>
</tr>
</tbody>
</table>

*As of April 16, 2020. See fee schedules at vtmedicaid.com for most recent information.

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

The following is not covered:

- Supplies for personal use breast pumps.
- Replacement supplies for hospital-grade electric breast pumps.

**References**


This document has been classified as public information.