

Manual and Electric Breast Pumps

Disclaimer

Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Clinical guidelines are applicable according to policy and plan type. The Plan may delegate utilization management decisions of certain services to third parties who may develop and adopt their own clinical criteria.

Coverage of services is subject to the terms, conditions, and limitations of a member's policy, as well as applicable state and federal law. Clinical guidelines are also subject to in-force criteria such as the Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) for Medicare Advantage plans. Please refer to the member's policy documents (e.g., Certificate/Evidence of Coverage, Schedule of Benefits, Plan Formulary) or contact the Plan to confirm coverage.

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Summary

Plan members who are pregnant or have recently delivered or adopted an infant are eligible to receive a breast pump to assist with the expression of breast milk for infant nutrition. The use of breast pumps to assist with nursing has expanded in the last decade worldwide as both a medical adjunct to support milk

let-down (output) and as a tool to accommodate working mothers both in and outside the home. Human milk contains the optimal mix of nutrients for most newborn infants, with the exception of some infants with specific medical conditions. Long- and short-term benefits to the lactating (breastfeeding) mother and to the newborn infant are well-documented in the medical literature. Medical organizations around the world recommend exclusive breastfeeding for the first six months of life in most cases including the American College of Obstetricians and Gynecologists (ACOG), the American Academy of Pediatrics (AAP), the World Health Organization (WHO), and the Centers for Disease Control and Prevention (CDC). More specifically, the AAP recommends continuing breastfeeding with complimentary foods for two years or more.

In addition to medical benefits, human breast milk is a convenient source of infant nutrition as it does not require mixing and warming. It is also free and can save hundreds of dollars per month in formula costs. Maternal health benefits have also been linked to breast feeding. Studies have found that breastfeeding for more than twelve months is associated with a decreased incidence of maternal diabetes, hypertension, breast cancer, and ovarian cancer. To prevent mother-to-child HIV transmission, breastfeeding is not recommended for mothers infected with HIV. For mothers with suspected or confirmed COVID-19, ACOG currently states that breastfeeding is not contraindicated, as the majority of data have not demonstrated SARS-CoV-2 virus transmission in breast milk.

The purchase or rental of a breast pump must be obtained through an in-network durable medical equipment (DME) provider (unless the member has out-of-network benefits). A prescription from a healthcare provider (physician, nurse practitioner, midwife, or lactation consultant) may be required by some DME providers.

Definitions

“Breast pumps” are mechanical devices used by lactating mothers to initiate and maintain expression of human breast milk.

The rising awareness of the benefits of breastfeeding has driven growth in the breast pump market, which now offers a large array of breast pump models and types. The plan recognizes three types of breast pumps, which are the most commonly identified in retail and medical venues:

1. “Manual breast pumps” are non-powered devices designed to express breast milk using suction created through a manual process. This type of pump is lightweight, portable, inexpensive, and very easy to handle. They are sold by lactation and DME providers as well as in some retail stores. Manual breast pumps are intended for use by a single individual only and should not be shared due to the risk of infection transmission among multiple users.
2. “Standard electric breast pumps” contain an electric or battery-powered suction device that creates a pulsating suction, mimicking infant use. These pumps may be labeled as “single” or “double,” referencing the ability to pump a single breast or both breasts at the same time. They

are sold by lactation and DME providers as well as in some retail stores. Some electric pumps may have a battery pack to aid pumping when an electric outlet is not available. Standard electric breast pumps are intended for use by a single individual only and should not be shared due to the risk of infection transmission among multiple users.

3. "Hospital-grade, heavy-duty electric breast pumps" are recommended for use in specific medical conditions in the mother or infant. These breast pumps are approved for reuse, as they may be sterilized between users. Hospital-grade breast pumps are rented for use to a medically eligible lactating woman and are usually leased by a hospital. Hospital-grade, heavy-duty breast pumps are not available for purchase commercially.

Note: The term "hospital-grade breast pump" has taken on commercial use as breast pump makers have improved the strength and quality of commercially available pumps. The term is not recognized by the FDA and does not indicate that a pump is used in or by hospitals. Pumps available for sale on the open market are minimally regulated regarding labeling, and there is no consistent quality standard for this classification.

Medical Necessity Criteria for Clinical Review

General Medical Necessity Criteria

The Plan considers breast pumps medically necessary when **ONE** of the following criteria is met:

1. A Plan member who is in the third trimester of pregnancy and desires to breastfeed after delivery; *or*
2. A Plan member who has recently delivered an infant and desires to breastfeed; *or*
3. A female Plan member who has recently adopted an infant and intends to induce lactation under the guidance of a healthcare professional.

Indication-Specific Criteria

Manual Breast Pumps or Standard Electric Breast Pumps

Manual breast pumps and standard electric breast pumps are single-user devices and do not require prior authorization to determine medical necessity. Manual breast pumps and standard electric breast pumps are eligible for reimbursement when **BOTH** of the following criteria are met:

1. General Medical Necessity Criteria are met; *and*
2. A clearly delineated prescription for a healthcare provider (e.g., DME vendor) is provided when required.

Members may request the selected device during the last trimester of pregnancy and the post-partum period.

Hospital-Grade, Heavy-Duty Breast Pumps

Hospital-grade breast pumps are available for rental when **ALL** of the following criteria are met:

1. General Medical Necessity Criteria are met; *and*

2. Prescription from a healthcare provider (physician, nurse practitioner, midwife, or lactation consultant) indicating the medical benefit to mother or infant; *and*
3. Documentation of medical necessity by a healthcare provider indicating ONE or more of the following:
 - a. NICU admission or prolonged hospitalization of the delivered infant(s); *or*
 - b. Multiple births in which a healthcare provider has determined that a standard electric pump would not be beneficial; *or*
 - c. Premature birth(s) in which a healthcare provider has determined that a standard electric pump would not be beneficial; *or*
 - d. Infants with oral anomalies (i.e., cleft palate); *or*
 - e. Infants with developmental delay (i.e., genetic syndromes); *or*
 - f. Infants with difficulty establishing maternal milk supply; *or*
 - g. Maternal conditions including, but not limited to mastitis for which a healthcare provider has determined that a standard electric pump would not be beneficial.

In most cases, medical necessity for a hospital-grade breast pump can only be established after delivery. However, in instances where a congenital anomaly or other condition is identified before delivery, a provider can request the device for a member during the last trimester of their pregnancy.

Adoption

It is recommended that adoptive mothers who intend to breastfeed request and begin using, under the guidance of a licensed practitioner, a selected breast pump device at least two months prior to the date they anticipate beginning breastfeeding. In most circumstances, either a manual or standard electric breast pump may be considered.

Medically Necessary Accessories

A breast pump rental or purchase includes medically necessary accessories for the pump to operate. This includes any ONE of the following: standard power adaptor (if electric), tubing adaptors, tubing, locking rings, bottles specific to breast pump operation, caps for bottles that are specific to the breast pump, valves, filters, and breast shield and/or splash protector for use with the breast pump.

Experimental or Investigational / Not Medically Necessary

The following items are considered comfort or convenience items, are available over-the-counter, and are considered not medically necessary:

1. Baby weight scales
2. Batteries, battery-powered adaptors, and battery packs
3. Bottles which are not specific to breast pump operation including the associated bottle nipples, caps and lids
4. Breast milk storage bags, ice-packs, labels, labeling lids, and other similar products
5. Breast pump cleaning supplies including soap, sprays, wipes, steam cleaning bags and other similar products

6. Creams, ointments, and other products that relieve breasts or nipples
7. Electrical power adapters for travel
8. Garments or other products that allow hands-free pump operation
9. More than 1 pump per pregnancy (unless pump damage/failure or the particular type of pump the mother currently has is not effective for retrieving breast milk):
 - a. Only one pump per pregnancy is considered medically necessary for the duration of breastfeeding.
 - b. In the case of a pregnancy resulting in multiple births, only one breast pump is considered medically necessary per pregnancy.
10. Nursing bras, bra pads, breast shells, nipple shields, and other similar products
11. Travel bags, and other similar travel or carrying accessories

Applicable Billing Codes

Table 1	
Manual and Standard Electric Breast Pumps	
CPT/HCPCS codes considered medically necessary if criteria are met:	
Code	Description
E0602	Breast pump, manual, any type
E0603	Breast pump, electric (AC and/or DC), any type

Table 2	
Hospital-Grade, Heavy-Duty Breast Pumps	
CPT/HCPCS codes considered medically necessary if criteria are met:	
Code	Description
E0604	Breast pump, hospital grade, electric (AC and/or DC), any type

Table 3	
ICD-10 codes considered medically necessary with Table 1 and Table 2 codes if criteria are met:	
Code	Description
O09.03	Supervision of pregnancy with history of infertility, third trimester

Table 3

ICD-10 codes considered medically necessary with Table 1 and Table 2 codes if criteria are met:

<i>Code</i>	<i>Description</i>
O09.13	Supervision of pregnancy with history of ectopic pregnancy, third trimester
O09.A3	Supervision of pregnancy with history of molar pregnancy, third trimester
O09.213	Supervision of pregnancy with history of pre-term labor, third trimester
O09.293	Supervision of pregnancy with other poor reproductive or obstetric history, third trimester
O09.33	Supervision of pregnancy with insufficient antenatal care, third trimester
O09.43	Supervision of pregnancy with grand multiparity, third trimester
O09.513	Supervision of elderly primigravida, third trimester
O09.523	Supervision of elderly multigravida, third trimester
O09.623	Supervision of young multigravida, third trimester
O09.73	Supervision of high risk pregnancy due to social problems, third trimester
O09.813	Supervision of pregnancy resulting from assisted reproductive technology, third trimester
O09.893	Supervision of other high risk pregnancies, third trimester
O09.93	Supervision of high risk pregnancy, unspecified, third trimester
O91.011 - O91.23	Infections of breast associated with pregnancy, the puerperium and lactation
O92.011 - O92.79	Other disorders of breast and disorders of lactation associated with pregnancy and the puerperium
P00.0 - P96.9	Other disorders originating in the perinatal period
Q35.1 - Q37.9	Cleft lip and cleft palate
Q38.0 - Q38.8	Other congenital malformations of tongue, mouth and pharynx

Table 3	
ICD-10 codes considered medically necessary with Table 1 and Table 2 codes if criteria are met:	
Code	Description
Z34.00 - Z34.93	Encounter for supervision of normal pregnancy
Z37.0	Single live birth
Z37.2	Twins, both liveborn
Z37.3	Twins, one liveborn and one stillborn
Z37.50 - Z37.59	Other multiple births, all liveborn
Z37.60- Z37.69	Other multiple births, some liveborn
Z39.0 - Z39.2	Encounter for maternal postpartum care and examination
Z76.2	Encounter for health supervision and care of other healthy infant and child
Z76.81	Expectant parent(s) prebirth pediatrician visit

Table 4	
CPT/HCPCS codes considered medically necessary for breast pump accessories listed in this guideline:	
Code	Description
A4281	Tubing for breast pump, replacement
A4282	Adapter for breast pump, replacement
A4283	Cap for breast pump bottle, replacement
A4284	Breast shield and splash protector for use with breast pump, replacement
A4285	Polycarbonate bottle for use with breast pump, replacement
A4286	Locking ring for breast pump, replacement

References

1. American Academy of Family Physicians (AAFP). (2023). *Breastfeeding (policy statement)*. <https://www.aafp.org/about/policies/all/breastfeeding-policy-statement.html>
2. American Academy of Family Physicians (AAFP). (2022). *Breastfeeding, family physicians supporting (position paper)*. <https://www.aafp.org/about/policies/all/breastfeeding-position-paper.html>
3. The American College of Obstetricians and Gynecologists (ACOG). (2019). ACOG Committee Opinion No. 776: Immune modulating therapies in pregnancy and lactation. *Obstetrics and Gynecology*, 133(4), e287–e295. <https://doi.org/10.1097/aog.0000000000003176>
4. The American College of Obstetricians and Gynecologists (ACOG). (2018). ACOG Committee Opinion No. 756: Optimizing support for breastfeeding as part of obstetric practice. (2018). *Obstetrics and Gynecology*, 132(4), e187–e196. <https://doi.org/10.1097/aog.0000000000002890>
5. The American College of Obstetricians and Gynecologists (ACOG). (2018). ACOG Practice Bulletin No. 200: Early pregnancy loss. (2018). *Obstetrics and Gynecology*, 132(5), e197–e207. <https://doi.org/10.1097/aog.0000000000002899>
6. The American College of Obstetricians and Gynecologists (ACOG). (2021b). Barriers to breastfeeding: Supporting initiation and continuation of breastfeeding. *Obstetrics and Gynecology*, 137(2), 396–397. <https://doi.org/10.1097/aog.0000000000004250>
7. The American College of Obstetricians and Gynecologists (ACOG). (2021b). Breastfeeding challenges. *Obstetrics and Gynecology*, 137(2), e42–e53. <https://doi.org/10.1097/aog.0000000000004253>
8. The American College of Obstetricians and Gynecologists (ACOG). (2020). *Novel coronavirus 2019 (COVID-19): General information regarding pregnant individuals and COVID-19*.
9. The American College of Obstetricians and Gynecologists (ACOG). (2023). *Practice advisory to update the duration of breastfeeding*. <https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2023/02/duration-of-breastfeeding-update>
10. Centers for Disease Control and Prevention (CDC). (2024). *About breastfeeding*. <https://www.cdc.gov/breastfeeding/index.htm>
11. Centers for Medicare & Medicaid Services (CMS). (n.d.). *Health benefits & coverage: Breastfeeding benefits*. <https://www.healthcare.gov/coverage/breast-feeding-benefits/>
12. Gandino, S., Giribaldi, M., Smith, C., Cassidy, T., Cavallarin, L., Karcz, K., Peila, C., Klotz, D., Bzikowska-Jura, A., Walczak, B., & Wesolowska, A. (2025). Impact of mother's own milk expression practices and processing treatments on infant health and growth outcomes: A systematic review protocol. *BMJ Open*, 15(2), e087539. <https://doi.org/10.1136/bmjopen-2024-087539>
13. Greer, F. R., Sicherer, S. H., Burks, A. W., Abrams, S. A., Fuchs, G. J., Kim, J. H., Lindsey, C. W., Magge, S. N., Rome, E. S., Schwarzenberg, S. J., Matsui, E. C., Bird, J. A., Davis, C. M., Hernandez-Trujillo, V. P., Mahr, T. A., Orange, J. S., Pistiner, M., Wang, J., & Williams, P. V. (2019). The effects of early nutritional interventions on the development of atopic disease in infants and

- children: the role of maternal dietary restriction, breastfeeding, hydrolyzed formulas, and timing of introduction of allergenic complementary foods. *Pediatrics*, 143(4).
<https://doi.org/10.1542/peds.2019-0281>
14. Health Resources & Services Administration. (2024). *Women's preventive services guidelines*.
<https://www.hrsa.gov/womens-guidelines>
 15. Meek, J. Y., & Noble, L. (2022). Technical report: Breastfeeding and the use of human milk. *Pediatrics*, 150(1). <https://doi.org/10.1542/peds.2022-057989>
 16. Meek, J. Y., Young, M., Noble, L., Calhoun, S., Dodd, S., Elliott-Rudder, M., Lappin, S., Larson, I., Lawrence, R. A., Marinelli, K. A., Marshall, N., Mitchell, K., Reece-Stremtan, S., Rosen-Carole, C., Rothenberg, S., Seo, T., & Wonodi, A. (2019). Educational objectives and skills for the physician with respect to breastfeeding, revised 2018. *Breastfeeding Medicine*, 14(1), 5–13.
<https://doi.org/10.1089/bfm.2018.29113.jym>
 17. Prager, S., Micks, E., & Dalton V. (2021). Pregnancy loss (miscarriage): Terminology, risk factors, and etiology. *UpToDate*.
<https://www.uptodate.com/contents/pregnancy-loss-miscarriage-terminology-risk-factors-and-etiology>
 18. U.S. Department of Health and Human Services. (2024, December 19). *Preventing HIV transmission during infant feeding*.
<https://clinicalinfo.hiv.gov/en/guidelines/perinatal/preventing-transmission-infant-feeding>
 19. U.S. Food and Drug Administration. (2018). Buying and Renting a Breast Pump.
<http://www.fda.gov/medicaldevices/productsandmedicalprocedures/homehealthandconsumer/consumerproducts/breastpumps/ucm061952.htm>
 20. Wallman, C., Baessler, C., & Hoffman, J. M. (2021). Marijuana, breastfeeding, and the use of human milk. *Advances in Neonatal Care*, 21(3), 176–177.
<https://doi.org/10.1097/anc.0000000000000904>
 21. Women's Preventive Services Initiative. (n.d.). *Evidence summary: Breastfeeding services and supplies*.
<https://www.womenspreventivehealth.org/wp-content/uploads/Breastfeeding-Services-and-Supplies.pdf>
 22. World Health Organization and the United Nations Children's Fund (WHO/UNICEF). (2021, April 12). *Indicators for assessing infant and young child feeding practices: Definitions and measurement methods*. <https://www.who.int/publications/i/item/9789240018389>.

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