

 KMTSJ, Inc.	DEPARTMENT:	Utilization Management
	SUBJECT:	Breast Pumps
	PRODUCT LINE:	All
	POLICY NUMBER:	070
	ORIGINAL POLICY EFFECTIVE DATE:	03/03/2014
	LAST REVISED DATE:	06/12/2023
	LAST REVIEWED DATE:	06/12/2023

SCOPE: To ensure Group Health Cooperative of Eau Claire adjudicates benefits for members accurately and consistently.

POLICY: It is the policy of Group Health Cooperative of Eau Claire to provide breast pumps and breast-feeding support to its mothers and babies.

PROCEDURE: Prior authorization required: YES, for hospital grade pumps only. Hospital grade breast pumps are not considered medically necessary because nonhospital grade breast pumps are able to meet the member’s needs. Hospital grade pumps will be reviewed on a case-by-case basis but there must be evidence that needs cannot be met by a more conservative, cost-effective option before the item would be approved.

Associated codes:
E0604 Hospital grade breast pump
E0602 Manual breast pump
E0603 Portable electric breast pump

Commercial: Commercial members have coverage for one breast pump per birth event. There is no coverage for breast pump supplies.

Medicaid: Medicaid members have coverage for one breast pump per year with a lifetime maximum of 3 breast pumps. There is no coverage for breast pump supplies.

APPROVED:  DATE: 06/12/2023

REVISION HISTORY:

Rev. Date	Revised By/Title	Summary of Revision
01/23/2015	Betsy Kelly, RN	Reviewed without changes.
01/08/2016	Betsy Kelly, RN	Reviewed without changes.
04/11/2018	Michele Bauer, MD	Revised.
02/18/2019	Michele Bauer, MD	Updated coverage criteria.
04/24/2020	Michele Bauer, MD	Reviewed. No changes.
04/24/2021	Michele Bauer, MD, CMO	Reviewed. No changes.
02/14/2022	Michele Bauer, MD, CMO	Reviewed. No changes.
07/10/2022	Michele Bauer, MD, CMO	Updated coverage criteria.
06/12/2023	Michele Bauer, MD, CMO	Updated Medicaid criteria.