



**MEDICAL POLICY STATEMENT**  
**GEORGIA MARKETPLACE PLANS**

| Policy Name                         | Policy Number  | Date Effective |
|-------------------------------------|----------------|----------------|
| Breast Pumps and Lactation Services | MM-0881        | 01/01/2020     |
| Policy Type                         |                |                |
| <b>MEDICAL</b>                      | Administrative | Pharmacy       |
|                                     |                | Reimbursement  |

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A. Subject  
**Breast Pumps and Lactation Services**

B. Background

Breast milk is widely viewed as the optimal source of nutrition for infants and is widely recommended as the exclusive source of nutrition through the first six months of life. Breastfeeding has direct clinical benefits including improvement in gastrointestinal function and host defense, and prevention of acute and chronic illness. Also, factors in human milk are considered protective in the decreased risk of necrotizing enterocolitis and other infections. When an infant and mother are separated due to hospitalization or due to non-effective breast feeding caused by the infant or mother’s medical condition, breast pumping may be required to establish and maintain sufficient milk supply for breastfeeding.

Breast pumps used by breastfeeding women to extract or express their breast milk may be either hand- (manual), battery- or electrically operate. Electric pumps stimulate the breast more effectively than hand pumps and are used primarily when a mother is not able to breastfeed for several days or more. Also infants born with anomalies and mothers with medical conditions such as mastitis or breast abscess may experience difficulty breastfeeding requiring the assistance and support of a breast pump.

**Professional Societies**

The following professional societies’ recommendations are derived from the latest guidelines and scientific based literature available.

**The American Academy of Pediatrics (AAP):** recommends exclusive breastfeeding for about the first six months of a baby’s life, followed by breastfeeding in combination with the introduction of complementary foods until at least 12 months of age, and continuation of breastfeeding for as long as mutually desired by mother and baby.(2012)

**The American Academy of Family Physicians (AAFP):** recommends breastfeeding exclusively for the first six months of life and as long as mutually desired by mother and child. Formula supplementation of breastfed babies should only occur when medically indicated. (2014)

**United States Preventive Services Task Force (USPSTF):** recommends providing interventions during pregnancy and after birth to support breastfeeding with a USPSTF “B” Grade, meaning there is a high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial. (2016)

**World Health Organization (WHO):** recommends exclusive breastfeeding for the first six months to one year of age with the addition of other foods up to two years or beyond.

**American College of Obstetricians and Gynecologists (ACOG):** strongly encourages women to breastfeed and each woman’s right to breastfeed, recommending exclusive breastfeeding for the first 6 months of life, with continued breastfeeding as complementary foods are introduced through the infant’s first year of life. (2016)



C. Definitions

- **Pregnancy:** For the purpose of this policy, pregnancy begins on the date of the initial visit in which pregnancy was confirmed and extends for 280 days or 40 weeks
- **Manual breast pump:** Creates a gentle vacuum with a handle or lever to express and collect breast milk
- **Electric breast pump:** Powered by batteries or electric to create suction to extract breast milk from the breasts
- **Hospital-grade pump:** Heavy duty non-standard electric breast pump

D. Policy

- I. Comprehensive lactation services by a trained consultant and the use of standard electric or manual breast pumps along with supplies are considered medically necessary and are a Patient Protection and Affordable Care Act Women’s Preventive Health Services mandate, effective August 1, 2012.
  - A. The following are covered services:
    1. One standard electric or manual breast pumps per pregnancy;
    2. Breast pump supplies, including the following:
      - a. Breast pump tubing
      - b. Breast pump adapter
      - c. Breast pump bottle cap
      - d. Breast pump locking ring
      - e. Breast pump polycarbonate bottle
      - f. Breast shield and splash protector
  - B. Hospital-grade and heavy-duty breast pumps are considered covered services for the following indications:
    1. The breastfeeding infant is confined to the hospital; **OR**
    2. The breastfeeding infant has a medical or congenital condition that impedes breastfeeding such as:
      - a. Cardiac, respiratory, or genetic conditions; **OR**
      - b. Cleft palate or other congenital condition
  - C. Exclusions:
    1. Breast feeding supplies that are considered supplies for the purposes of convenience such as storage or freezer bags and containers, bottles and nipples

**Note:** CareSource members are able to access trained consultant information on the CareSource website:  
<https://www.caresource.com/members/education/pregnancy/>

E. Conditions of Coverage

F. Related Policies/Rules

G. Review/Revision History

|              | DATE | ACTION |
|--------------|------|--------|
| Date Issued  |      |        |
| Date Revised |      |        |



|                       |          |            |
|-----------------------|----------|------------|
| <b>Date Effective</b> | 1/1/2020 | New policy |
| <b>Date Archived</b>  |          |            |

## H. References

1. Breastfeeding, family physicians supporting (position paper). (2015, August 24). Retrieved December 14, 2016, from <http://www.aafp.org/about/policies/all/breastfeeding-support.html>
2. Final update summary: Breastfeeding: Primary care interventions. (2016, October). Retrieved December 14, 2016, from <https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/breastfeeding-primary-care-interventions?ds=1&s=breastfeeding>
3. WHO. (2016, August 2). Breastfeeding. Retrieved December 14, 2016, from World Health Organization, <http://www.who.int/topics/breastfeeding/en/>
4. Optimizing Support for Breastfeeding as Part of Obstetric Practice. (2016, February). Retrieved December 14, 2016, from <http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Optimizing-Support-for-Breastfeeding-as-Part-of-Obstetric-Practice>
5. AAP reaffirms Breastfeeding guidelines. (2012, February 27). Retrieved December 14, 2016, from <https://www.aap.org/en-us/about-the-aap/aap-press-room/pages/AAP-Reaffirms-Breastfeeding-Guidelines.aspx>
6. Schanler, R. J., & Northwell, Md. H. Infant benefits of breastfeeding. Retrieved December 14, 2016, from [https://www.uptodate.com/contents/infant-benefits-of-breastfeeding?source=search\\_result&search=benefits%20of%20breastfeeding&selectedTitle=1~150](https://www.uptodate.com/contents/infant-benefits-of-breastfeeding?source=search_result&search=benefits%20of%20breastfeeding&selectedTitle=1~150)
7. Women’s preventive services guidelines. Retrieved December 19, 2016, from <https://www.hrsa.gov/womensguidelines/>

**The Medical Policy Statement detailed above has received due consideration as defined in the Medical Policy Statement Policy and is approved.**