



## MEDICAL POLICY STATEMENT KENTUCKY MARKETPLACE PLANS

Policy Name	Policy Number	Date Effective
Breast Pumps and Lactation Services	MM-0988	08/01/2020-06/30/2021
Policy Type		
<b>MEDICAL</b>	Administrative	Pharmacy
		Reimbursement

Medical Policy Statement prepared by CSMG Co. and its affiliates (including CareSource) are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Medical Policy Statements prepared by CSMG Co. and its affiliates (including CareSource) do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Medical Policy Statement. If there is a conflict between the Medical Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

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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 manual, battery or electrically operated. 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. (2020)

**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. (2018)



### C. Definitions

- **Electric breast pump** - Powered by batteries or an electric source to create suction to extract breast milk from the breasts
- **Hospital-grade pump** - Heavy duty non-standard electric breast pump
- **Manual breast pump** - Creates a gentle vacuum with a handle or lever to express and collect breast milk

### 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 pump 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

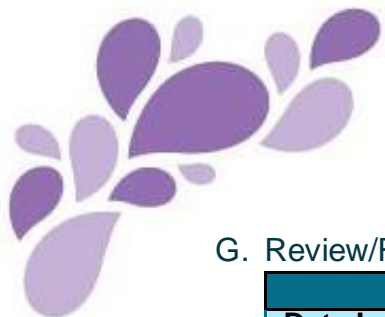
- C. Exclusions:

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: [www.caresource.com/members/education/pregnancy/](http://www.caresource.com/members/education/pregnancy/)

### E. Conditions of Coverage

### F. Related Policies/Rules



G. Review/Revision History

DATE		ACTION
<b>Date Issued</b>	09/01/2017	
<b>Date Revised</b>	04/15/2020	Updated references
<b>Date Effective</b>	08/01/2020	
<b>Date Archived</b>	06/30/2021	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy.

H. References

1. Breastfeeding, family physicians supporting (position paper). (2020). Retrieved April 7, 2020, from [www.aafp.org](http://www.aafp.org)
2. Final update summary: Breastfeeding: Primary care interventions. (2016, October). Retrieved April 7, 2020, from [www.uspreventiveservicestaskforce.org](http://www.uspreventiveservicestaskforce.org)
3. WHO. (2020). Breastfeeding. Retrieved April 7, 2020, from World Health Organization, [www.who.int](http://www.who.int)
4. Optimizing Support for Breastfeeding as Part of Obstetric Practice. (2018, October). Retrieved April 7, 2020 from [www.acog.org](http://www.acog.org)
5. AAP reaffirms Breastfeeding guidelines. (2012, February 27). Retrieved April 7, 2020, from [www.aap.org](http://www.aap.org)
6. Meek, Joan Y., MD. Infant benefits of breastfeeding. (2019, October 23) Retrieved April 7, 2020, from [www.uptodate.com](http://www.uptodate.com)
7. Women’s preventive services guidelines. (2019, December). Retrieved April 7, 2020 from [www.hrsa.gov](http://www.hrsa.gov)

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