Coverage of any medical intervention discussed in a WellFirst Health medical policy is subject to the limitations and exclusions outlined in the member’s benefit certificate or policy and to applicable state and/or federal laws.

**Breast Pumps, Hospital Grade**

**Covered Service:** Yes

**Prior Authorization Required:** Yes

**Additional Information:** Coverage for hospital-grade, heavy-duty electric breast pumps (E0604) is discontinued when the infant is discharged from the hospital or is feeding normally.

**WellFirst Health Medical Policy:**

1.0 WellFirst Health covers the purchase of one manual breast pumps (E0602) **OR** one personal-use electric breast pump (E0603) per birth. This benefit **does not require** prior authorization through the Health Services Division. The breast pump may be requested up to four (4) weeks prior to the member’s estimated delivery date if the member’s certificate or benefit plan allows.

1.1 This benefit is limited to one (1) pump per birth. In the case of a birth resulting in multiple infants, only one (1) breast pump is covered.

1.2 A breast pump purchase includes the necessary supplies for the pump to operate. The following are considered medically necessary for a personal-use electric breast pump: standard power adaptor, 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.

2.0 Rental of a hospital-grade, heavy-duty electrical breast pump (E0604) **requires** prior authorization through the Health Services Division and is considered medically necessary when the infant meets **ONE** of the following:

2.1 Remains in the hospital after the mother has gone home following delivery

2.2 Cannot breast feed due to congenital anomalies such as cleft palate and lip, other anomalies of the tongue, or other specific anomalies of the mouth and pharynx.

3.0 Breastfeeding equipment and supplies considered not to be medically necessary include the following (not an all-inclusive list).

3.1 Batteries, battery-powered adaptors, and battery packs

3.2 Electrical power adapters for travel
Coverage of any medical intervention discussed in a WellFirst Health medical policy is subject to the limitations and exclusions outlined in the member’s benefit certificate or policy and to applicable state and/or federal laws.

3.3 Bottles which are not specific to breast pump operation including the associated bottle nipples, caps and lids
3.4 Travel bags, and other similar travel or carrying accessories
3.5 Breast pump cleaning supplies including soap, sprays, wipes, steam cleaning bags and other similar products
3.6 Baby weight scales
3.7 Garments or other products that allow hands-free pump operation
3.8 Breast milk storage bags, ice-packs, labels, labeling lids, and other similar products
3.9 Nursing bras, bra pads, breast shells, nipple shields, and other similar products
3.10 Creams, ointments, and other products that relieve breastfeeding related symptoms or conditions of the breasts or nipples

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