
Medical Policy



BCN Medical Policies are a source for BCN medical policy information only. These documents are not to be used to determine benefits or reimbursement. Please reference the appropriate certificate or contract for benefit information.

BCN Policy Effective Date: 3/17/25
(See policy history boxes for previous effective dates)

Title: Breast Pumps

Description/Background

According to the American College of Obstetricians and Gynecologists and the American Academy of Pediatrics, breastfeeding has a number of benefits for both mother and baby. Rewards for the mother include bonding with the infant, reducing the mother's blood loss after delivery, reducing the risk of cancer of the breast and ovary and facilitating a quicker return to pre-pregnancy weight. Benefits for the baby include a lower incidence of diarrhea, asthma, ear infections, meningitis and urinary infections, in addition to allowing additional bonding with the mother.

Although some mothers recognize the benefits of breastfeeding, they may be unable to breastfeed due to medical conditions such as prematurity of the infant or congenital defects that prevent the baby from suckling properly. Bottles filled with breast milk offer an excellent alternative to breastfeeding.

A breast pump is a suction device used for withdrawing milk from the breast of a nursing mother. There are 3 types of pumps available: manual, electric and heavy-duty hospital grade models.

- Manual pumps are operated by the individual using their hands. Many manual breast pumps use a system of 2 cylinders to create suction. Once the breast-shield is placed over the nipple and areola, a small cylinder-shaped tube is pumped in and out of a larger cylinder to create a vacuum that expresses milk and collects it in an attached container.
- Battery powered and electric pumps are powered by either AC or DC current.
- Heavy-duty hospital grade pumps are electric powered, piston operated and provide vacuum suction/release cycles with a vacuum regulator.

Regulatory Status:

Several types of breast pumps and breast pump supplies have been approved by the U.S. Food and Drug Administration (FDA).

Medical Policy Statement

The Patient Protection and Affordable Care Act (PPACA) Women's Preventive Health Services mandate allows for coverage of comprehensive lactation support and counseling by a trained provider and standard electric or manual breast pumps and supplies during pregnancy and/or in the postpartum period.

For health plans not subject to the PPACA mandate, a standard electric breast pump is a covered benefit for a nursing mother meeting the selection criteria.

Inclusionary and Exclusionary Guidelines

Inclusions:

For members covered under plans subject to the Patient Protection and Affordable Care Act (PPACA) for coverage of breast pumps, the following are covered when obtained via an in-network provider, concurrent with each birth:

- Manual or standard electric breast pump (non-hospital grade)
- Breast pump supplies, including:
 - Tubing for breast pump
 - Adapter for breast pump
 - Cap for breast pump bottle
 - Breast shield and splash protector for use with breast pump
 - Polycarbonate bottle for use with breast pump
 - Locking ring for breast pump
- Breastfeeding counseling, support and education by a trained provider

For members covered under plans not subject to the Patient Protection and Affordable Care Act (PPACA) for coverage of breast pumps, an electric or manual breast pump may be covered when one or more of the following conditions exist:

- The infant is unable to initiate breastfeeding due to a medical condition such as prematurity, oral defect, etc.
- Temporary weaning (i.e., direct breastfeeding is not possible) for more than 48 hours due to:
 - Mother/infant separation
 - Mother is required to take a medication or undergo a diagnostic test that is contraindicated with breastfeeding.
 - Inadequate milk supply
 - Engorgement
 - Breast infection
 - Ineffective latch which is unresponsive to conservative therapy

Exclusions:

- BCN does not cover hospital-grade electric breast pumps for use in the home because they are considered institutional equipment and not appropriate for use in the home.
 - Supplies for breast feeding that are considered convenience items (e.g., storage or freezer bags or containers, bottles, and nipples) are not eligible for coverage.
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CPT/HCPCS Level II Codes *(Note: The inclusion of a code in this list is not a guarantee of coverage. Please refer to the medical policy statement to determine the status of a given procedure)*

Established codes:

99401	A4281	A4282	A4283	A4284	A4285
A4286	E0602	E0603			

Other codes (investigational, not medically necessary, not a benefit, etc.):

E0604

Rationale

According to the American College of Obstetricians and Gynecologists and the American Academy of Pediatrics, breastfeeding has a number of benefits for both mother and baby.

Advantages for the mother include reduced postpartum bleeding, increased child spacing related to delayed ovulation from prolactin release, decreased risk for female cancers such as breast and ovarian, increased bonding with the infant, and facilitating a quicker return to pre-pregnancy weight.

Benefits for the baby include a lower incidence of diarrhea, asthma, ear infections, meningitis and urinary infections, in addition to bonding with the mother. Research has provided strong evidence that human milk contains antibodies which support the baby's immune system and decreases the severity and incidence of infectious diseases. Other positive health outcomes indicate decreased rates of sudden infant death syndrome in the first year and a reduction of chronic illnesses such as non-insulin- and insulin- dependent diabetes mellitus, Crohn's disease, lymphoma, leukemia, Hodgkin disease, celiac disease and obesity later in life. Enhanced cognitive development and higher IQs later in childhood have been associated with breastfeeding.

Based on risk reductions associated with breastfeeding, Li et al (2021) estimated that if 90% of US infants exclusively breastfed for 6 months, more than 700 deaths among infants <1 year of age could be prevented annually in the United States. It was concluded that breastfeeding may reduce infant mortality through optimized nutrition, improved feeding hygiene, enhanced maternal-infant bonding, and the unique immunological properties of breast milk with development of a healthy gut microbiome.

Brahm et al (2017) reported on the benefits of breastfeeding and the risks of replacement with baby formulas for children and society. The authors conclude that breastfeeding is a protective

factor for several infectious, atopic, and cardiovascular diseases as well as for leukemia, necrotizing enterocolitis, celiac disease, and inflammatory bowel disease. It also has a positive impact on neurodevelopment, improving IQ and reducing the risk of attention deficit disorder, and generalized developmental and behavioral disorders. Lactation can decrease the risk of sudden infant deaths syndrome by 36% and prevent 13% of infant mortality worldwide. Breastfeeding result in direct saving on the use of infant formulas and bottles, and indirectly on associated health costs, premature deaths, and quality-adjusted life years, among others. In addition, breastfeeding is environmentally friendly; it does not leave an ecological footprint in its production and consumption. The use of baby formulas and bottles have inherent risks, because they increase the risk of oral diseases, such as mouth breathing, malocclusion, alteration of bite, and tooth decay. Finally, the intestinal microbiota, oxygenation, and thermoregulation of infants are negatively affected by their use.

The World Health Organization (2024) actively promotes and recognizes breastfeeding as the best source of providing young infants with the nutrients they need for healthy growth and development. Breastfeed children have been shown to perform better on intelligent tests and are less likely to be overweight or obese and less prone to diabetes later in life. Based on the U.S. Dietary Guidelines (2020-2025), virtually all mothers can breastfeed, provided they have accurate information, and the support of their family, the health care system and society at large. Barriers should be considered by all those who support women in their efforts to follow a healthy dietary patterns and provide the best source of nutrients to their children.

Government Regulations

Pursuant to the Patient Protection and Affordable Care Act (PPACA) Women's Preventive Health Care Services mandate, effective August 1, 2012, breast-feeding support, supplies and counseling are covered by health plans' network providers without cost sharing.

National/Local Coverage Determination:

N/A

(The above Medicare information is current as of the review date for this policy. However, the coverage issues and policies maintained by the Centers for Medicare & Medicare Services [CMS, formerly HCFA] are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. For the most current information, the reader should contact an official Medicare source.)

Supplemental Information

The American Academy of Family Physicians (2024;AAFP) recommends that all babies, with rare exceptions, be breastfed and/or receive expressed human milk exclusively for the first 6 months of life. According to the AAFP Breastfeeding Policy, breastfeeding should continue with the addition of complementary foods throughout the second half of the first year. Breastfeeding beyond the first year offers considerable benefits to both mother and child and should continue as long as mutually desired.

The American Academy of Pediatrics (2022) recommends exclusive breastfeeding for about the first 6 months. We support continued breastfeeding after solid foods are introduced as long as you and your baby desire, for 2 years or beyond.

The U.S. Dietary Guidelines for Americans (2020-2025) and the American Academy of Pediatrics (2022) recommend exclusive breastfeeding for about the first 6 months, and then continuing breastfeeding while introducing complementary foods until the child is 12 months old or older.

The World Health Organization and the United Nations International Children's Emergency Fund (2024) recommend that breast feeding should be initiated within the first hour after birth and exclusive breastfeeding should continue up to 6 months of age, with continued breastfeeding (along with appropriate complementary foods) up to 2 years of age or beyond.

Related Policies

N/A

References

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- World Health Organization. “Breastfeeding: Overview.” 2025. https://www.who.int/health-topics/breastfeeding#tab=tab_1. Accessed February 4, 2025.
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The articles reviewed in this research include those obtained in an Internet based literature search for relevant medical references through 2/4/25, the date the research was completed.

BCN Medical Policy History

Date	Rationale
5/27/08	BCN policy established
5/27/09	Routine maintenance
5/19/10	Routine maintenance
11/14/11	Routine maintenance
10/17/12	Routine maintenance; revised policy to reflect the Affordable Care Act Women's Preventive Health Care Services mandate.
2/19/14	Routine maintenance
3/18/15	Routine maintenance
2/17/16	Routine maintenance Revised policy to reflect Affordable Care Act Women's Preventive Health Care Services mandate. Code update
2/15/17	Routine maintenance
3/21/18	Routine maintenance
3/20/19	Routine maintenance
3/12/20	Routine maintenance
3/11/21	Routine maintenance
3/10/22	Routine maintenance
3/9/23	Routine maintenance (slp) Vendor managed: N/A
3/14/24	Routine maintenance (slp) Vendor managed: Northwood
3/17/25	Routine maintenance (slp) Vendor managed: Northwood

Next Review: 1st Qtr, 2026

**MEDICAL POLICY TITLE: BREAST PUMPS
BCN BENEFIT ADMINISTRATION**

I. Coverage Determination

Commercial HMO (includes Self-Funded groups unless otherwise specified)	Manual and electric breast pumps, supplies, and breastfeeding counseling are covered under the Affordable Care Act Women's Preventive Health Services (refer to the Inclusionary and Exclusionary guidelines)
BCNA (Medicare Advantage)	Refer to the Medicare information under the Government Regulations section of this policy.
BCN65 (Medicare Complementary)	Not covered

II. Administrative Guidelines

- The member's contract must be active at the time the service is rendered.
- Coverage is based on each member's certificate and is not guaranteed. Please consult the member's certificate for details. Additional information regarding coverage or benefits may also be obtained through customer or provider inquiry services at BCN.
- The service must be authorized by the member's PCP except for Self-Referral Option (SRO) members seeking Tier 2 coverage.
- Services must be performed by a BCN-contracted provider, if available, except for Self-Referral Option (SRO) members seeking Tier 2 coverage.
- Payment is based on BCN payment rules, individual certificate and certificate riders.
- Appropriate copayments will apply. Refer to certificate and applicable riders for detailed information.
- CPT - HCPCS codes are used for descriptive purposes only and are not a guarantee of coverage.
- Duplicate (back-up) equipment is not a covered benefit.