I. **Rental of a Hospital-Grade Electric Breast Pump (All plans except BadgerCare)**

   A. The initial rental of a hospital-grade electric breast pump is considered medically necessary when infants are inpatient in the NICU.
   
   B. Continued rental of a hospital-grade electric breast pump is considered medically necessary until the infant is discharged from the NICU.

II. **Rental of a Hospital-Grade Electric Breast Pump (BadgerCare Only)**

   A. BadgerCare does not require prior authorization for hospital-grade electric breast pumps for the first 60 days of rental. Medical Management staff will enter an authorization into Health Link for the first 60 days of breast pump rental in order to facilitate the claims process.
   
   B. Continued rental of a hospital-grade electric breast pump beyond the initial 60 days is considered medically necessary until the infant is discharged from the NICU.
   
   C. Purchase of a manual breast pump, standard electric breast pump, breast pump supplies or a lactation consultation does not require a prior authorization for BadgerCare patients.

III. **Applicable Statutes**

   A. **Patient Protection and Affordable Care Act – Section 2713, June 2010** – The Affordable Care Act requires benefits to be provided, without cost sharing, for preventive services to women according to the comprehensive guidelines supported by the Federal Health Resources and Services Administration (HRSA), if not already included in the recommendations of the U.S. Preventive Services Task Force (USPSTF).
   
   B. **US Department of Health and Human Services:** Health Resources and Services Administration – Preventive Services Guidelines for Breastfeeding Support, Supplies and Counseling, August 2012.

   *Comprehensive lactation support and counseling, by a trained provider during pregnancy and/or in the postpartum period, and costs for renting breastfeeding equipment, in conjunction with each birth.*

   C. **US Preventive Services Task Force, October 2008.**

   *Recommends interventions during pregnancy and after birth to promote and support breastfeeding*

**CPT/HCPCS CODES**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>E0604</td>
<td>Hospital grade electric breast pump</td>
</tr>
</tbody>
</table>
REFERENCES:

CMS. Center for Consumer Information and Insurance Oversight (CCIIO), Affordable Care Act Implementation FAQs – Set 12, February 20, 2013.


Forward Health, Wisconsin Department of Health Services, Covered and Non-Covered Services: Home Health Equipment, Topic #1478; Breast Pumps, Topic #1843.

United States Department of Health and Human Services, Health Resources and Services Administration, Women’s Preventive Services Guidelines, August 1, 2012.