Cigna Medical Coverage Policy

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Coverage Policy Number **0046**

Subject **Breast Pumps**

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INSTRUCTIONS FOR USE

*The following Coverage Policy applies to health benefit plans administered by Cigna companies. Coverage Policies are intended to provide guidance in interpreting certain **standard** Cigna benefit plans. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document **always supersedes** the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations. Proprietary information of Cigna. Copyright ©2014 Cigna*

Coverage Policy

Coverage for breast pumps is subject to the terms, conditions and limitations of the applicable benefit plan's Preventive benefit or Durable Medical Equipment (DME) benefit with applicable schedule of copayments. Please refer to the applicable benefit plan document to determine benefit availability and the terms, conditions, and limitations of coverage. Under many benefit plans, coverage for DME is limited to the lowest-cost alternative.

If coverage is available for breast pumps, the following conditions of coverage apply.

Cigna covers a manual or standard electric breast pump as medically necessary for the initiation or continuation of breastfeeding.

Cigna covers rental of a heavy duty electrical/hospital grade breast pump as medically necessary for the initiation or continuation of breastfeeding in the home setting, when a standard electric breast pump has been tried and failed, for ANY of the following indications:

- Direct breastfeeding is not possible because of a separation due to the prolonged or repeat hospitalization of either the infant or the mother.
- The infant has a medical condition or congenital anomaly that prevents effective breastfeeding.
- The mother has a medical condition or anatomical anomaly that prevents effective breastfeeding.

General Background

It is recommended that most infants, with some exceptions, be breast-fed and/or receive expressed human milk. Breast milk is widely acknowledged as the ideal source of nutrition for infants, with compelling advantages such as a decreased incidence of a number of acute and chronic diseases, widely documented in the literature. Also, preterm infants who receive breast milk have been reported to experience greatly reduced rates of sepsis and necrotizing enterocolitis compared to infants who receive milk substitutes. Breast milk has also been associated with enhanced retinal development and visual acuity in preterm infants (American Academy of Family Physicians [AAFP], 2008).

Infants with anomalies such as cleft lip and/or cleft palate, Down syndrome, or congenital heart disease may have difficulty with breastfeeding. A breast pump may be needed to support the breastfeeding process. Medical conditions such as breast abscess or mastitis may require frequent mechanical pumping of the affected breast until antibiotic therapy is completed. Anatomical abnormalities of the breast (e.g., flat or inverted nipples), may impact breastfeeding in a small percentage of cases. Treatment has historically included Hoffman's exercises and nipple cups however the effectiveness of these treatments has been questioned. In the early neonatal period, a breast pump may be of help in women with flat or inverted nipples (Newton, 2012). There are conditions for which breastfeeding is contraindicated including infants with galactosemia, mothers infected with human immunodeficiency virus, and mothers with active untreated tuberculosis (American Academy of Pediatrics [AAP], 2005).

Breast Pumps
Breast pumps are medical devices used by breastfeeding women to extract or express their breast milk. The devices may be hand- (manual), battery- or electrically operated. The manual pump, which resembles a bicycle horn, is not recommended for use because it cannot be cleaned properly, and milk may become contaminated (AAP). Manual breast pumps are designed to use the strength of the hand or arm muscles for pumping one breast at a time. Battery-operated pumps use batteries for creating suction, thus minimizing muscle fatigue. Most are designed for pumping one breast at a time and are suggested for occasional use (American College of Nurse Midwives [ACNM], 2002). For most women, electric pumps stimulate the breast more effectively than manual expression or hand pumps. Electric pumps are used mainly to continue breastfeeding when a mother is not able to breastfeed for several days or more. Hospital grade models are recommended and typically used during an extended separation of mother and infant due to hospitalization caused by illness or prematurity.

U.S. Food and Drug Administration (FDA)
Manual breast pumps are considered Class I medical devices, requiring manufacturers to register the device with the FDA. Powered breast pumps are considered Class II medical devices, requiring that manufacturers submit a premarket 510(k) notification to the FDA.

Literature Review
The safety and effectiveness of breast pumps, primarily standard electric and hospital grade pumps, have been demonstrated by several randomized controlled trials (RCTS) (Hopkinson and Heird, 2009; Hayes, et al., 2008; Meier, et al., 2008; Slusher, et al., 2007). A Cochrane review (n=9 RCTs/quasi-RCTs; 514 subjects) by Becker et al. (2008) compared one method of milk expression to other(s). These trials evaluated hand expression and manual, battery and electric pumps for outcomes that included maternal acceptability, effectiveness and safety. There was no difference found in volumes of milk obtained between simultaneous pumping and sequential pumping. Both the foot-powered double pump and the electric powered double pump tested provided a greater mean volume than hand expression, over six days' pumping in the first two weeks after birth. The difference was not statistically significant between the volumes obtained from the foot-powered double pump or the electric-powered double pump version, or between the manual pump and the electric pump tested. Greater total volumes of milk were found to be obtained using the electric or foot powered pump tested compared to hand expression. It was noted that the very small sample sizes and very wide standard deviations in the trials from five different countries mean the findings may not be applicable to other women. Also, within the categories of pump type, such as manual or electric, not all the pumps were the same brand or worked in a similar way.

Despite the lack of evidence comparing the different types of breast pumps and demonstrating superiority of one over another, health professionals routinely recommend the use of a hospital grade electric breast pump with a double collection system for mothers of neonates in special care nurseries, in order to create and sustain an adequate milk supply (Slusher, et al., 2007; Meier, 2001).

Professional Societies/Organizations

The AAFP position paper on breastfeeding states that the optimal method for expressing milk varies with the length of the mother's absence from the infant and maternal preference. For occasional brief absences, hand expression and/or the use of a hand pump is usually sufficient. The longer and more frequent the separations, the more important it is for the mother to use a hospital grade double-pumping electric pump. This is especially important in cases of maternal-infant separation caused by illness or prematurity (AAFP, 2008).

According to the AAP, breastfeeding should be continued for at least the first year of life and beyond for as long as mutually desired by mother and child. If hospitalization of the breastfeeding mother or infant becomes necessary, every effort should be made to maintain breastfeeding, preferably directly or, if necessary, by pumping the breasts and feeding expressed milk (AAP, 2005).

The Academy of Breastfeeding Medicine (ABM) states that mothers who are separated from their sick or premature infants are to be instructed on the use hand expression or the double set up electric breast pump to maintain an adequate milk supply. According to the ABM, preliminary evidence suggested that greater volumes may be obtained with electric, hospital grade pumps. Therefore, whenever possible, use of this type of pump is recommended (ABM, 2004).

Exclusive breastfeeding is recommended for the first six months of life by the AAP, the American College of Obstetricians and Gynecologists (ACOG), the AAFP, the World Health Organization (WHO) and many other health organizations. Continued breastfeeding after the age of six months to one year of age with the addition of complementary foods is also supported by these organizations as the ideal feeding pattern for infants. The U.S. Department of Health and Human Services (DHHS) Healthy People 2010 initiative has set objectives for breastfeeding which include increasing initiation rates to 75% and prolonged breastfeeding rates to 50% and 25% at six and 12 months, respectively (Center for Disease Control and Prevention [CDC], 2009).

Use Outside of the US
No relevant information.

Summary
There is widespread support in the medical literature regarding the advantages of breast milk for infants, including premature infants or infants with medical conditions or congenital anomalies who cannot breastfeed effectively. Breast pumping, either by manual expression or by the use of a pump, may be needed to develop and maintain an adequate milk supply for breastfeeding when an infant and mother are separated due to hospitalization, or when effective direct breastfeeding is not possible due to the infant or mother's medical condition.

Coding/Billing Information

Note: 1) This list of codes may not be all-inclusive.
2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement

Covered when medically necessary:

HCPCS Codes	Description
A4281	Tubing for breast pump, replacement
A4282	Adapter for breast pump, replacement
A4283	Cap for breast pump bottle, replacement
A4284	Breast shield and splash protector for use with breast pump, replacement
A4285	Polycarbonate bottle for use with breast pump, replacement
A4286	Locking ring for breast pump, replacement
E0602	Breast pump, manual, any type
E0603	Breast pump, electric (AC and/or DC), any type
E0604	Breast pump, hospital grade, electric (AC and/or DC), any type

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