

Payment Policy

Breast pump allowance	
Original effect date:	Revision date:
01/01/2014	08/03/2018

IMPORTANT INFORMATION

Blue Shield of California payment policy may follow industry standard recommendations from various sources such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), Current Procedural Terminology (CPT) and/or other professional organizations and societies for individual provider scope of practice or other coding guidelines. The above referenced payment policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms or their electronic equivalent. This information is intended to serve only as a general reference regarding Blue Shield's payment policy and is not intended to address every facet of a reimbursement situation. Blue Shield of California may use sound discretion in interpreting and applying this policy to health care services provided in a particular case. Furthermore, the policy does not address all payment attributes related to reimbursement for health care services provided to a member. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy such as coding methodology, industry-standard reimbursement logic, regulatory/legislative requirements, benefit design, medical and drug policies. Coverage is subject to the terms, conditions and limitation of an individual member's programs benefits.

Application

As per Health Resources and Services Administration (HRSA) guidelines related to breast-feeding support, Blue Shield of California covers the costs of purchasing, instead of renting, breast-feeding equipment without cost-share.

A breast pump kit includes the following: Breast pump, tubing, two bottles, a supply of 150 milk storage bags, a carrying bag, and instructions.

Note: The policy applies in accordance with member plan benefits.

Policy

Pregnant or nursing women are entitled to their choice of a manual or electric pump kit under their breast feeding equipment and supplies benefit. Manual and electric pumps (E0602 or E0603) are for purchase only; hospital-grade pumps (E0604) are not covered.

One pump is allowed per pregnancy (manual or electric). The post-partum period is covered and included as part of that pregnancy period, in which the member is eligible for a pump.

Members will have the option to appeal a denial when there is medical necessity.

Rationale

Blue Shield of California believes most members prefer to purchase a more portable and convenient electric breast pump rather than rent hospital-grade equipment (heavy-duty breast pumps designed for multiple users). Effective Jan. 1, 2014, Blue Shield of California covers the purchase of personal, electric or manual breast pumps. Here's why:

- Studies show that due to the variability in breast pumps, high-quality, personal use breast pumps are as effective as, or potentially even more effective than, hospital grade pumps in outpatient settings.
- Personal manual/electric breast pumps are portable and more convenient to use, and provide a better experience for the mother and helps encourage breast-feeding.

Reimbursement Guideline

Blue Shield of California will reference national or regional industry standards, such as Centers for Medicare & Medicaid Services' (CMS) National Correct Coding Initiative (NCCI) and MUE (Medically Unlikely Edits) rules, and American Medical Association's (AMA) CPT guidelines, as coding standards and as guidance for payment policy. In claims payment scenarios where CMS and/or CPT reference is lacking or insufficient, the Payment Policy Committee (PPC) may develop customized payment policies that are based on other accepted or analogous industry payment standards and or expert input.

Resources

- **American Medical Association** <http://www.ama-assn.org/ama>
- **Centers for Medicare & Medicaid Services**
<http://www.cms.gov/>

Policy History

This section provides a chronological history of the activities, updates and changes that have occurred with this Payment Policy.

Effective Date	Action	Reason
01/01/2011	New Policy Adoption	Payment Policy committee
08/03/2016	Maintenance	Payment Policy committee
07/08/2017	Maintenance	Payment Policy committee
08/03/2018	Maintenance	Payment Policy committee

The materials provided to you are guidelines used by this plan to authorize, modify, or deny care for persons with similar illness or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under your contract. These Policies are subject to change as new information becomes available.