

BREAST PUMPS

ISSUE DATE: August 8, 2005

AUTHORITY: [32 CFR 199.4\(d\)\(1\)](#)

I. HCPCS PROCEDURE CODES

Level II Codes E0604, A4281-A4286.

II. DESCRIPTION

Electric breast pumps facilitate the transfer of protective maternal immunoglobulins through breast milk for premature infants. Premature infants suffer varying degrees of immunological immaturity because they do not experience full transplacental transfer of maternal immunoglobulins which mainly occurs during the last several weeks of gestation. In lieu of active maternal transfer, immunoglobulins can be transferred to the premature infant via breast milk. Since premature infants often cannot breastfeed successfully, an electric breast pump ensures that these infants receive an adequate supply of breast milk to address their immunological challenges.

III. POLICY

A. Heavy-duty hospital grade (E0604) electric breast pumps are covered (including services and supplies related to the use of the pump) for the mother of a premature infant. A premature infant is defined as a newborn with ICD-9 codes 765.0 (extreme immaturity), 765.1 (other preterm infants), or 765.21 through 765.28 (up to 36 weeks gestation).

1. An electric breast pump is covered while the premature infant remains hospitalized during the immediate post-partum period.

2. Electric breast pumps may be covered after the premature infant is discharged from the hospital. However, a physician must document the medical reason for continued use of an electric breast pump after the infant has been discharged. This documentation is also required for those premature infants (as defined in [paragraph III.A.](#)) who are delivered in non-hospital settings.

B. Equipment cost-sharing is subject to the provisions of the durable medical equipment/Basic Program.

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 8, SECTION 2.6

BREAST PUMPS

IV. EXCLUSIONS

A. Electric breast pumps are specifically excluded for reasons of personal convenience (e.g., to facilitate a mother's return to work), even if prescribed by a physician. Coverage is limited to the conditions described in POLICY above.

B. Manual breast pumps (E0602) are excluded.

C. Basic electric breast pumps (E0603) are excluded.

- END -