

Policy Number: MCD-23-006A

Effective Date: January 1, 2024

Breast Pumps for Pregnant People

The purpose of this policy is to provide clarity and specificity for coverage of breast pumps for UCare Prepaid Medical Assistance Program (PMAP), MinnesotaCare products, and UCare Connect.

DISCLAIMER

Coverage Policies are developed to assist in identifying coverage for UCare benefits under UCare’s health plans. They are intended to serve only as a general reference regarding UCare’s administration of health benefits and are not intended to address all issues related to coverage for health services provided to UCare members.

These services may or may not be covered by all UCare products (refer to product section of individual coverage policy for product-specific detail). Providers are encouraged to have their UCare patient refer to their UCare plan documents (Evidence of Coverage/Member Handbook/Member Contract) for specific coverage information. If there is a conflict between a coverage policy and the UCare plan documents, the UCare plan documents prevail.

Coverage Policies do not constitute medical advice. Providers are responsible for submission of accurate and compliant claims.

Product Summary

This coverage policy applies to the following UCare products:

UCare product	Applies to
UCare Individual & Family Plans (IFP), UCare IFP with M Health Fairview	
UCare Medicare Plans, UCare Medicare with M Health Fairview & North Memorial Health, UCare Advocate Plus (HMO I-SNP), EssentiaCare	
UCare’s Minnesota Senior Health Options (MSHO)(HMO D-SNP)	
UCare Connect (SNBC)	✓
UCare Connect + Medicare (HMO D-SNP)	
Prepaid Medical Assistance Program (PMAP), MinnesotaCare	✓
Minnesota Senior Care Plus (MSC+)	

Benefit category:

Durable Medical Equipment (DME)

Definitions or summary

Hospital grade (heavy duty) breast pumps: Available through hospitals or UCare-contracted Durable Medical Equipment (DME) providers

Dual electric breast pumps: Allows lactating people to pump breast milk from both breasts at once

Manual breast pumps: Pumped breast milk drains by gravity into attached container (non-electric)

Coverage policy

Covered

Breast pumps are covered for pregnant members, **or** breast-feeding members when:

- Ordered by a physician, physician's assistant, certified nurse midwife or nurse practitioner, **AND**
- Ordered through a UCare-contracted Durable Medical Equipment (DME) provider or hospital

One breast pump of one of the following three types is covered per birth without cost share to member:

- Hospital-grade breast pumps (for rental)
 - When infant or breast-feeding person is unable to breast feed due to medical condition (of the breast-feeding person or infant), **OR**
- Dual-electric breast pumps (for purchase) **OR**
- Manual breast pumps (for purchase)

Non-covered

Breast pumps purchased without order from provider, from a direct-to-consumer online vendor, or from non-contracted DME provider.

CPT/ HCPCS/ICD-10 Codes		
*Note: If available, select codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. This list may not be all-inclusive.		
CPT®, HCPCS or ICD-10 CODES	Modifier	Narrative Description
E0602	NU	Manual (purchased) breast pump
E0603	NU	Dual-electric breast pump
E0604	RR	Hospital grade breast pump
A9999		Accessory Kit, hospital grade breast pump

*CPT is a registered trademark of the American Medical Association.

Prior authorization
Not required

Related policies and documentation	
<i>References to other policies or documentation that may be relevant to this policy</i>	
Policy Number	Policy Description
None	

References and Source Documents
<i>Links to the Ucare contracts, Center for Medicare and Medicaid Services (CMS), MHCP, Minnesota statute and other relevant documents used to create this policy</i>
Minnesota Health Care Programs Provider Manual
UCare Provider Manual

Coverage Policy Development and Revision History		
Version	Date	Note(s)
V1	January 1, 2024	New policy