Harvard Pilgrim Health Care | TUFTS Health Plan

Medical Necessity Guidelines:

Breast Pumps

Effective: September 1, 2026

Prior Authorization Required If REQUIRED, submit supporting clinical documentation pertinent to service request to the FAX numbers below	Yes ☐ No ☒
Notification Required IF REQUIRED, concurrent review may apply	Yes ☐ No ☒

Applies to:

Commercial Products

☒ Harvard Pilgrim Health Care Commercial products; 800-232-0816
☒ Tufts Health Plan Commercial products; 617-972-9409

Public Plans Products

☒ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); 888-415-9055
☒ Tufts Health Together – MassHealth Accountable Care Partnership Plans; 888-415-9055
☒ Tufts Health RITogether – A Rhode Island Medicaid Plan; 857-304-6404
☒ Tufts Health One Care – A dual-eligible product; 857-304-6304

Senior Products

☐ Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product); 617-972-9409
☐ Tufts Medicare Preferred HMO, (a Medicare Advantage product); 617-972-9409
☐ Tufts Medicare Preferred PPO, (a Medicare Advantage product); 617-972-9409

Note: While you may not be the provider responsible for obtaining prior authorization or notifying Point32Health, as a condition of payment you will need to ensure that any necessary prior authorization has been obtained and/or Point32Health has received proper notification. If notification is required, providers may additionally be required to provide updated clinical information to qualify for continued service.

Overview

Breastfeeding is the physiological norm for both mothers and their children. Breast milk offers medical and psychological benefits not available from human milk substitutes. The American Academy of Family Physicians recommends that all babies, with rare exceptions, be breastfed and/or receive expressed human milk exclusively for the first six months of life[1].

There are three types of breast pumps. These are manual, electric, and durable electric pumps also known as “hospital grade pumps”. Hospital grade breast pumps are considered to be a type of durable medical equipment (DME) and are not designed for commercial sale or use.

Clinical Guideline Coverage Criteria

The Plan may cover Manual, Electric and Hospital Grade Breast Pumps when medically necessary. The following are required for coverage for any type of Breast Pump:

1. The pump must be obtained from a contracting Durable Medical Equipment (DME) provider
2. The Member must have a physician’s prescription

Manual and Electric Breast Pumps

The Plan will cover the *purchase* of one breast pump, either manual or electric, for pregnant or postpartum Members, per pregnancy

Hospital Grade Electric Breast Pumps

The Plan will cover the *rental* of one hospital grade breast pump for postpartum Members, in place of a manual or electric pump, when deemed appropriate by the ordering provider. Use of a Hospital Grade Breast Pump may be appropriate in the following circumstances:

1. A premature hospitalized newborn/infant
2. An infant with a congenital, or other, anomaly that interferes with the ability to breast feed effectively (e.g., cleft lip, cleft palate, and/or other anomalies of the tongue, mouth or pharynx)
3. Mother is hospitalized and separated from the newborn/infant

NOTE: Hospital grade electric breast pump coverage may differ according to plan or products. Please refer to the member's plan documents and the applicable Preventive Services documents: Harvard Pilgrim Health Care and Tufts Health Plan

Limitations

Coverage of breast pumps may vary depending on the terms of the Member's plan benefit document

Codes

The following code(s) are associated with this service:

Table 1: CPT/HCPCS Codes

Code	Description
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

References:

1. Academy of Breastfeeding Medicine (ABM). Guidelines for hospital discharge of the breastfeeding term newborn and mother "going home protocol." ABM protocols. Revised 2014. Last accessed June 24, 2022. abm.memberclicks.net/assets/DOCUMENTS/PROTOCOLS/2-going-home-discharge-protocol-english.pdf
2. Affordable Care Act of 2010 and Section 274 of Chapter 165 of the Acts of 2014.
3. American Academy of Family Physicians (AAFP). Breastfeeding [position paper]. Last accessed June 24, 2022. aafp.org/about/policies/all/breastfeeding-support.html
4. HealthCare.gov. (2012). Affordable care act rules on expanding access to preventative services for women. hhs.gov/healthcare/facts-and-features/fact-sheets/aca-rules-on-expanding-access-to-preventive-services-for-women/
5. U.S. Departments of Health and Human Services (HHS) (47 CFR Part 147) Coverage of Certain Preventive Services Under the Affordable Care Act (PPACA); Final Rule. Federal Register/ Vol. 80, No.134/ Tuesday, July 14, 2015. Accessed June 24, 2022. gpo.gov/fdsys/pkg/FR-2015-07-14/pdf/2015-17076.pdf
6. US Food and Drug Administration. Buying and Renting a Breast Pump. https://www.fda.gov/medical-devices/breast-pumps/buying-and-renting-breast-pump, accessed June 24, 2022.

Approval And Revision History

June 17, 2020: Reviewed by the IMPAC, renewed without changes

Subsequent endorsement date(s) and changes made:

- June 24, 2020: Fax number for Unify Updates
- June 16, 2021: Reviewed by IMPAC, renewed without changes
- January 19, 2022: Reviewed by Medical Policy Approval Committee (MPAC), Removal of PA, addition of RITogether as applicable product. Removal of rental period language, effective February 1, 2022
- July 20, 2022: Reviewed by MPAC for integration between Harvard Pilgrim Health Care and Tufts Health Plan, renewed without changes
- March 10, 2023: Addition of clarifying note regarding coverage per product or plan, addition of link to preventive list
- July 19, 2023: Reviewed by MPAC, renewed without changes
- November 2023: Unify name changed to One Care effective January 1, 2024
- August 30, 2024: Reviewed by MPAC, annual review no changes, effective October 1, 2024

- September 17, 2025: Reviewed by MPAC, renewed without changes; Fax number for Senior Care Options, Tufts Medicare Preferred HMO and Tufts Medicare Preferred PPO updated; language for Carelink removed; Harvard Pilgrim Health Care Stride Medicare Advantage removed as an applicable product from the template effective November 1, 2025
- July 15, 2026: Reviewed by MPAC for annual review, renewed without changes effective September 1, 2026

Background, Product and Disclaimer Information

Medical Necessity Guidelines are developed to determine coverage for benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern. For Tufts Health Together (Medicaid), coverage may be available beyond these guidelines for pediatric members under age 21 under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits of the plan in accordance with 130 CMR 450.140 and 130 CMR 447.000, and with prior authorization.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.