

Breastfeeding Support

Summary

Anthem Blue Cross (Anthem) supports breastfeeding because it benefits both mothers and infants. Lactation management aids are a covered benefit for Medi-Cal Managed Care (Medi-Cal) members in accordance with the Department of Health Care Services *MMCD Policy Letter 98-10*.

Background

Breastfeeding is recognized as the preferred method of infant feeding by the American Academy of Pediatrics (AAP), the American Dietetic Association, the American College of Obstetricians and Gynecologists, the American Public Health Association, and the National Healthy Mothers, Healthy Babies Coalition. Unless it is not medically appropriate, breastfeeding should be encouraged for all pregnant women. Breastfeeding reduces the risk of hypertension, diabetes and breast cancer in mothers.* Breastfeeding also protects infants against the common cold, upper and lower respiratory infections, and incidence of asthma.*

How does this apply to me?

To support breastfeeding, providers should assist members in obtaining breastfeeding education and counseling services. Medicaid-eligible members who are pregnant or breastfeeding should be referred to the Women, Infants, and Children (WIC) Special Supplemental Nutrition Program. Breastfeeding promotion, education, counseling services and activities must be coordinated with the local WIC agency. For a listing of local WIC agencies, please visit http://www.wicprograms.org/state/california. Providers are encouraged to support members in obtaining lactation management aids as appropriate.

Lactation management aids

Lactation management aids are available to support breastfeeding. Three devices are available: manual breast pumps, standard electric nonhospital-grade (single user) pumps and hospital-grade pump rentals. Both types of electric pumps are available in alternating and/or direct currents (AC and/or DC). Members can obtain hand-held breast pumps through a prescription without prior authorization. Nonhospital-grade (single user) pumps and hospital-grade pump rentals are provided if medically necessary in accordance with Anthem's *Clinical Utilization Management Guideline CG-DME-35*.

https://mediproviders.anthem.com/ca

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Lactation management aids	Considered medically necessary if:	Not considered medically necessary if:
Nonhospital-grade electric pumps	There is documentation of ongoing breastfeeding.	There is an absence of ongoing breastfeeding.
Hospital-grade pump rentals	 Any of the following indications are met: A breastfeeding infant is confined to the hospital. A breastfeeding infant has a medical (for example, respiratory, cardiac or genetic condition) or congenital condition (for example, cleft palate) that interferes with breastfeeding. The mother has been unsuccessful in expressing sufficient breast milk after a trial using a manual, battery-powered or standard electric pump. 	 Any of the following indications are NOT met: A breastfeeding infant is confined to the hospital. A breastfeeding infant has a medical (for example, respiratory, cardiac or genetic condition) or congenital condition (for example, cleft palate) that interferes with breastfeeding. The mother has been unsuccessful in expressing sufficient breast milk after a trial using a manual, battery-powered or standard electric pump.

How do I order a breast pump (manual, nonhospital-grade or hospital-grade) for my patient?

ing patient	
	Instructions to place an order for a pump vary by member enrollment type
Fee-For-	If the member belongs to our FFS network:
Service	Contact Life Care Solutions by phone at 1-626-683-5401 or online at
(FFS)	www.lifecaresoln.com. Fax the OB order for a double electric pump (E0603) including the member name, date of birth and contact information to 1-626-683-5428 .
	Contact Pumping Essentials by phone at 1-866-688-4203 or online at
	https://pumpingessentials.com. Fax the OB order for a double electric pump (E0603) including the member name, date of birth and contact information to 1-888-518-7568.
	 Contact Advance Home Medical by fax at 1-888-518-7568. Fax the OB order including member demographics (name, address, phone, DOB, expected date of confinement) and a copy of the member's insurance card (both sides) to 1-888-518-7568 or email info@advancedhomemed.com.
Capitated	
	Refer to your participating Independent Physician Association (IPA) or Provider
	Medical Group (PMG) for instructions on how to request a breast pump on behalf
	of a member. Each PMG has its own durable medical equipment contracts and
	manages breast pump requests.

The codes for treatments and procedures applicable to this guideline are included below. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement. Please refer to each member's contract benefits to determine coverage for services.

HCPCS codes:

- E0602 manual breast pump
- E0603 standard electric, nonhospital-grade (single user) pump (AC and/or DC)
- E0604 hospital-grade pumps rental (AC and/or DC)

Hospital-grade pumps require prior authorization and must meet medical necessity per *Clinical Utilization Management Guideline CG-DME-35*, which can be found at https://www11.anthem.com/ca/medicalpolicies/guidelines/gl_pw_c164437.htm.

For more information about the Prenatal Program, visit https://mediproviders.anthem.com/ca/pages/prenatal-resources.aspx.

* Lauwers, J., & Swisher, A. (2016). Counseling the Nursing Mother: A Lactation Consultant's Guide (6th ed.). Burlington, MA: Jones & Bartlett Learning.