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.
### Lactation management aids

<table>
<thead>
<tr>
<th>Considered medically necessary if:</th>
<th>Not considered medically necessary if:</th>
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<tbody>
<tr>
<td>Nonhospital-grade electric pumps</td>
<td>There is documentation of ongoing breastfeeding.</td>
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<td>Hospital-grade pump rentals</td>
<td>Any of the following indications are met:</td>
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<td>• A breastfeeding infant is confined to the hospital.</td>
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<td>• A breastfeeding infant has a medical (for example, respiratory, cardiac or genetic condition) or congenital condition (for example, cleft palate) that interferes with breastfeeding.</td>
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<td>• The mother has been unsuccessful in expressing sufficient breast milk after a trial using a manual, battery-powered or standard electric pump.</td>
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### How do I order a breast pump (manual, nonhospital-grade or hospital-grade) for my patient?

#### Instructions to place an order for a pump vary by member enrollment type

**Fee-For-Service (FFS)**
- If the member belongs to our FFS network:
  - Contact Life Care Solutions by phone at **1-626-683-5401** or online at [www.lifecaresoln.com](http://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](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**
- If the member belongs to a capitated in-network group:
  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](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](https://mediproviders.anthem.com/ca/pages/prenatal-resources.aspx).