Breast Pumps

Below are the situations that determine a member’s benefit:

- A ‘grandfathered*’ employer benefit
- A non ‘grandfathered’ employer benefit that follows the federal preventive benefit

*our online provider manual at www.bcbsvt.com, section 6 provides the full details on how to determine if a member has ‘grandfathered’ or federal preventive benefits available to them.

For members with grandfathered groups

- Enrollment in Better Beginnings Program is required
  - Benefits are not available without enrollment in Better Beginnings
  - Manual or standard double electric portable breast pump benefits are available and require a voucher
    - Vendor must call for approval for distribution outside of dates on voucher.
  - Submit the claim using appropriate HCPCS code:
    - Breast Pumps
      - E0602 – breast pump, manual, any type
      - E0603 – Breast Pump, electric (AC and/or DC), any type
    - Breast Pump Supplies
      - A4281 through A4286

Valid Diagnosis code:

- V24.1 (ICD-9 code, only valid on claim(s) with date of service prior to October 1, 2015) Postpartum care and examination of lactating mother
- Z39.1 (ICD-10 code, only valid on claim(s) with date of service on or after October 1, 2015) Encounter for care and examination of lactating mother.

Hospital grade electric breast pump (rental only)

- Prior approval is required for hospital grade electric breast pump rental.
  - Please see BCBSVT policy on Hospital grade breast pump rental.
  - This is not a Better Beginnings benefit but is available based on medical necessity under the member’s durable medical equipment benefit.
  - Bill using applicable HCPCS code, E0604 (for hospital grade electric breast pump rental).

Non-Grandfathered (Member has Preventive Care Rider)

- Enrollment in Better Beginnings/voucher not required
- Standard Double electric portable breast pump
  - Submit the claim using appropriate HCPCS code:
    - Breast Pumps
      - E0602 – breast pump, manual, any type
      - E0603 – Breast Pump, electric (AC and/or DC), any type
    - Breast Pump Supplies
      - A4281 through A4286
Valid Diagnosis code:
- V24.1 (ICD-9 code, only valid on claim(s) with date of service prior to October 1, 2015) Postpartum care and examination of lactating mother
- Z39.1 (ICD-10 code, only valid on claim(s) with date of service on or after October 1, 2015) Encounter for care and examination of lactating mother

Hospital grade electric breast pump (rental only)
- Prior approval is required for hospital grade electric breast pump.
  - Please see BCBSVT policy on Hospital grade breast pump rental.
  - Benefit is available based on medical necessity under the member’s durable medical equipment benefit.
  - Bill using applicable HCPCS code, E0604 (for hospital grade electric breast pump rental).

We recommend that you verify member benefits by visiting the provider resource center at www.bcbsvt.com/provider or by contacting customer service at (800) 924-3494.

You can find complete information on our website regarding Better Beginnings at the following link: http://www.bcbsvt.com/health-and-wellness/blue-health-solutions/better-beginnings

Federal Employee Program (FEP)
FEP members are eligible for a breast pump kit through CVS Caremark.
- A breast pump kit is limited to one of the two kits listed below, per calendar year for women who are pregnant and/or nursing:
  - Ameda manual pump kit or,
  - Ameda double electric pump kit
- The breast pump kit will include a supply of 150 ameda milk storage bags. The member may order ameda milk storage bags, limited to 150 bags every 90 days, even if they own their own breast pump.
- Benefits for the breast pump kit and milk storage bags are only available when they are ordered through CVS Caremark by calling (800) 262-7890.

Out-of-State (BlueCard):
- Benefits are determined by the members plan. Eligibility/benefit information can be determined in the secure section of our website at www.bcbsvt.com or contacting our BlueCard eligibility/benefits toll free line at (800) 676-2583.

New England Health Plan
- Referral authorization required for equipment or supplies over $500.00.

Note: A referring physician’s NPI is required on all claims.
- If the member is self referred, you must indicate your billing DME NPI number
- FEP does not require a referring physician, however we will accept it if completed.
For paper claim submission, the location of this field is 17b. For electronic claim submission, please refer to our on line companion guide for full details.

Created: 2/20/13, updated 9/22/15 to include ICD-10 coding