

Policy Number: CP-MCD22-006A

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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 (MNCare), UCare Connect, and Connect + Medicare.

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.

Medical Assistance (Medicaid) products may provide different coverage for certain services, which may be addressed in different policies. For Minnesota Health Care Program (MHCP policies, please consult the MHCP Provider Manual website.

Medicare products may provide different coverage for certain services, which may be addressed in different policies. For Medicare National Coverage Determinations (NCD), Local Coverage Determinations (LCD), and/or Local Coverage Article, please consult CMS, National Government Services, or CGS websites.

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 Connect (SNBC)	✓
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 and breast pump supplies are covered for pregnant members, **or** breast-feeding members when:

- Ordered by a physician, certified nurse midwife or nurse practitioner, **AND**
- Provided by a UCare-contracted Durable Medical Equipment (DME) supplier, hospital, or pharmacy.

The following three types are covered per pregnancy without cost share to a member:

- Hospital-grade breast pumps (*rental only*) rental period for hospital grade pumps is three months.
- Dual-electric breast pumps (*purchase only*) **OR**
- Manual breast pumps (*purchase only*)

Breast Pumps are personal care items that cannot be shared by mothers. Breast pumps can be used for future pregnancies. *One Pump per pregnancy.*

Breast Pump replacement parts and bags for breast milk are covered, quantity limits apply

Refer to the DHS Medical Supply Coverage Guide for information on quantity limits.

Noncovered Services

- Clothing or other products that permit hands-free pump operation
- Nursing bras, bra pads, breast shells, nipple shields, and other similar products
- Replacement parts when the original part of the breast pump is functional
- Travel bags and other accessories for transporting breast pumps and supplies
- Breast pumps purchased without order from provider
- Direct-to-consumer online vendor
- From a non-contracted DME supplier.

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
A4281		Tubing for breast pump, replacement
A4282		Adapter for breast pump, replacement
A4283		Cap for breast pump bottle, replacement
A4284		Breast shield and splash protector for use with breast pump, replacement
A4285		Polycarbonate bottle for use with breast pump, replacement
A4286		Lock ring for breast pump, replacement
A4287		Disposable collection and storage bag for breast milk any size, any type, each
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

References to other policies or documentation that may be relevant to this policy

Policy Number	Policy Description
None	

References and Source Documents

Links to the Ucare contracts, Center for Medicare and Medicaid Services (CMS), MHCP, Minnesota statute and other relevant documents used to create this policy

MHCP [Provider Manual - Equipment and Supplies; Breast Pumps](#)

[UCare Provider Manual](#)

MN DHS Medical Supply Coverage Guide

Coverage Policy Development and Revision History

Version	Date	Note(s)
V1		New policy
V2	April 24, 2025	Reinstate, Update Disclaimer, add product, coverage updated, HCPCS codes added and resourced from MHCP provider manual, add noncovered services, add rental limits for hospital grade, add HCPCS codes for supplies based on MHCP provider manual, add MN DHS Medical Supply coverage guide to references.