



Rule Category:
Medical

Ref: No:
2013-MN-0020

Version Control:
Version No.2.0

Effective Date:
08-02-2019

Revision Date:
February 2020



Breast pump Devices

Adjudication Guideline

Table of content

Abstract Page 1	Scope Page 2	Adjudication Policy Page 2	Denial codes Page 3	Appendices Page 3
---------------------------	------------------------	--------------------------------------	-------------------------------	-----------------------------

Abstract

For Members

Breast Pumps are medical devices, which are used by the breastfeeding mothers for the purpose of expressing and/or increasing their breast milk supply, due to medical necessities involving the infant or the lactating mother and interferes with normal feeding.

Daman covers breast pump devices, if medically indicated and as per policy terms and conditions of each health insurance plan administered by Daman.

For Medical Professionals

There are 3 types of breast pump devices:

- Manual breast pumps
- Battery-powered pumps/Electric pumps
- Heavy duty hospital grade electrical pumps

Daman covers Breast Pump devices only for the plans with "medical appliances and medical equipment" coverage, and as per the payment and coding rules.

Approved by:
Daman

Responsible:
Medical Standards & Research

Related Adjudication Guidelines:
None

Disclaimer

By accessing these Daman Adjudication Guidelines, you acknowledge that you have read and understood the terms of use set out in the disclaimer below:

The information contained in this Adjudication Guideline is intended to outline the procedures of adjudication of medical claims as applied by the National Health Insurance Company – Daman PJSC (hereinafter "Daman"). The Adjudication Guideline is not intended to be comprehensive, should not be used as treatment guidelines and should only be used for the purpose of reference or guidance for adjudication procedures and shall not be construed as conclusive. Daman in no way interferes with the treatment of patient and will not bear any responsibility for treatment decisions interpreted through Daman Adjudication Guideline. Treatment of patient is and remains at all times the sole responsibility of the treating Healthcare Provider. This Adjudication Guideline does not grant any rights or impose obligations on Daman. The Adjudication Guideline and all of the information it contains are provided "as is" without warranties of any kind, whether express or implied which are hereby expressly disclaimed.

Under no circumstances will Daman be liable to any person or business entity for any direct, indirect, special, incidental, consequential, or other damages arising out of any use of, access to, or inability to use or access to, or reliance on this Adjudication Guideline including but without limitation to, any loss of profits, business interruption, or loss of programs or information, even if Daman has been specifically advised of the possibility of such damages. Daman also disclaims all liability for any material contained in other websites linked to Daman website.

This Adjudication Guideline is subject to the laws, decrees, circulars and regulations of Abu Dhabi and UAE. Any information provided herein is general and is not intended to replace or supersede any laws or regulations related to the Adjudication Guideline as enforced in the UAE issued by any governmental entity or regulatory authority, or any other written document governing the relationship between Daman and its contracting parties.

This Adjudication Guideline is developed by Daman and is the property of Daman and may not be copied, reproduced, distributed or displayed by any third party without Daman's express written consent. This Adjudication Guideline incorporates the Current Procedural Terminology (CPT®), which is a registered trademark of the American Medical Association ("AMA") and the CPT codes and descriptions belong to the AMA. Daman reserves the right to modify, alter, amend or obsolete the Adjudication Guideline at any time by providing one month prior notice.

INTERNAL

National Health Insurance Company – Daman (PJSC) (P.O. Box 128888, Abu Dhabi, U.A.E. Tel No. +97126149555 Fax No. +97126149550)

Doc Ctrl No.:	TEMP/350	Version No.:	1	Revision No.:	0	Date of Issue:	13.10.2016	Page No(s).:	1 of 3
---------------	----------	--------------	---	---------------	---	----------------	------------	--------------	--------

Scope

The Purpose of this AR is to define the medical indications for Breast pump devices.

Adjudication Policy

Eligibility / Coverage Criteria

Breast Pumps are only covered for plans with "medical appliances and medical equipment" coverage and as per the payment and coding rules.

Breast pump Device is considered medically necessary for any of the following indications (documentation is required to establish the medical necessity):

A. Infant:

- Prolonged infant hospitalization and the mother is discharged.
- Inability of an infant to feed due to a medical condition (e.g. prematurity including multiple gestation), or congenital anomaly (e.g. Down syndrome, cleft lip or palate, anomalies of tongue, cardiac anomaly etc.) or the infant has neurological problems (e.g. cerebral palsy, oral-motor dysfunction);
- Premature hospitalized newborns will be identified by an inpatient preregistration for the newborn;
- Failure of an infant to thrive.
- Babies with difficulties latching-on due to birth defects or fullness of the mother's breast.

B. Maternal:

- Multiple gestation delivery;
- Mother has a medical condition or is undergoing treatment or a diagnostic test that contraindicates with breast feeding (e.g. mothers who have active untreated tuberculosis, mothers who are receiving diagnostic or therapeutic radioactive isotopes or have had exposure to radioactive materials, mothers who are receiving antimetabolites or chemotherapeutic agents or a small number of other medications etc.)
- Mothers with engorged breasts or plugged milk ducts, flat or inverted nipples, or any other malformations that interferes with milk expression.
- Mother is separated from the baby due to a medical reason (e.g. hospitalization).

Requirements for Coverage

ICD and CPT codes must be coded to the highest level of specificity.

Non-Coverage

Breast Pumps are not covered:

- For plans with no "Medical appliances and Medical equipment" coverage;
- When the medical appliance limit is consumed;
- When medical necessity is not met;
- When mother is separated from infant due to work, or vacation, etc.;
- Heavy duty, hospital grade electrical pump is not covered after the baby is discharged from the hospital.

Payment and Coding Rules

Please apply DOH payment rules and regulations and relevant coding manuals for ICD, CPT, etc.

INTERNAL

National Health Insurance Company – Daman (PJSC) (P.O. Box 128888, Abu Dhabi, U.A.E. Tel No. +97126149555 Fax No. +97126149550)

Doc Ctrl No.:	TEMP/350	Version No.:	1	Revision No.:	0	Date of Issue:	13.10.2016	Page No(s).:	2 of 3
---------------	----------	--------------	---	---------------	---	----------------	------------	--------------	--------

Denial codes

Code description
Service(s) is (are) not covered
Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses/activities
Service is not clinically indicated based on good clinical practice
Service(s) is (are) performed outside authorization validity date
Prior approval is required and was not obtained

Appendices

A. References

1. FDA.gov/medical devices (2018)
2. NHS – pregnancy and baby

B. Revision History

Date	Change(s)
01-11-2013	Release of V1.0
15-07-2014	Release of V1.1 - Disclaimer updated as per system requirements
09-01-2019	Release of V2.0

INTERNAL