

Medically Necessary

What does “medically necessary” mean?

If your plan covers the medical treatment you need, most plans will require that the treatment be considered “medically necessary” for the patient’s health condition.

Medically necessary is a term used by insurance companies to describe care that is appropriate and provided according to generally accepted standards of medical practice. In other words, the insurance company agrees that this medical treatment is needed for this condition. For example, if your doctor has indicated that your baby needs breastmilk (benefits of breastmilk, formula allergy) or if your baby has some other special need that requires you to pump your breastmilk, your insurance company would consider this as a “medically necessary” reason. Some health plans will reimburse for a breastpump (and related supplies and services) only if there is a “medical reason.”

One general medical reason is that the American Academy of Pediatrics, a highly respected medical organization, supports the medical benefits of breastfeeding. The AAP states, “Human milk is species-specific, and all substitute feeding preparations differ markedly from it, making human milk uniquely superior for infant feeding. ... Pediatricians and parents should be aware that exclusive breastfeeding is sufficient to support optimal growth and development for approximately the first 6 months of life. Breastfeeding should be continued for at least the first year of life and beyond for as long as mutually desired. ... Hospitals and physicians should recommend human milk for premature and other high-risk infants either by direct breastfeeding and/or using the mother’s own expressed milk.”¹

Some other examples of the medical need for breastfeeding include:

- Baby cannot suck well due to respiratory disease or other physical impairments
- Baby is allergic to formula
- Baby is chronically ill
- Mother’s antibodies in breastmilk considered medically necessary
- Multiple births
- Prematurity
- Physical separation of mother and baby

Many new mothers work outside the home. This presents a medical need for your baby as well. Antibodies in your breastmilk can be considered medically necessary to your baby. Because of your need to return to the workforce, you and your baby have a medical need for a breast pump. Your employer may support your need to breastfeed in several ways. In fact, many employers support breastfeeding employees in the workplace by providing private areas or lactation rooms where pumping can occur during work breaks. Your employer can also help advocate with your insurance company.

If you are having difficulty with your insurance company in getting your breastfeeding-related supplies and services covered, you should tell your employer. Speak with one of your employee benefits representatives. Emphasize that being able to pump breastmilk will allow you to take less time off because your baby is healthier and/or you may have been able to return to work more quickly after the birth of your baby. Inform your employer of the need to expand health insurance benefits for breast pumps, supplies and services. If many breastfeeding families approach their employers, they have a much louder voice. Even one voice is better than saying nothing at all. In fact, employers may choose a different insurance company/plan if their employees express dissatisfaction with the current plan choices. Furthermore, insurance companies may not be aware of how important this benefit is to their customers. By raising their awareness, we all may have more thorough insurance coverage in the long run. You can make a difference.

Medically Necessary

The insurance company said that my breast pump is covered if it is “Medically Necessary.” What does that mean?

The insurance company determines whether products or services are “medically necessary” based on coding information. One system is the ICD-9 coding system: it uses numbers to represent different medical diagnoses. Your healthcare provider or lactation consultant writes the diagnosis codes for you and/or your baby on the office billing form that is used for insurance claims. ICD-9 or diagnosis codes tell your insurance company why you and/or your baby need medical products and services, such as a breast pump and/or a lactation consultant visit. Knowing this information can be a powerful tool when you communicate with your insurance company. ICD-9 codes help you speak the “same language,” allowing you to emphasize why the breast pump is *medically necessary* (in the insurance company’s terms) for you and your baby, and therefore, why it should be covered by your insurance plan.

Please note: ICD-9 codes may change from year to year. Codes listed below are current for 2010. To get further information or updated coding please visit the American Academy of Pediatrics at: <http://www.aap.org/breastfeeding/files/pdf/CODING.pdf>.

Some Examples of Using Coding in Conversation with Your Insurance Company

- My lactation consultant has indicated that I have retracted nipples, ICD-9 code 676.04. The use of a breast pump is medically necessary for me to resolve this medical problem in order to successfully breastfeed and provide nourishment to my baby.
- The pediatrician has diagnosed my premature baby with ICD-9 code 779.31, Feeding Difficulty-Infant, and has prescribed the use of a breast pump so that I can continue to provide breastmilk for my baby while he remains in the neonatal intensive care unit. Because this is medically necessary for my child, I need to know how to submit a request or claim for reimbursement for the prescribed breast pump, (Brand/type), purchased (or rented) on (date).
- My baby has jaundice, ICD-9 code 774.6, and my pediatrician has indicated that I need to pump breastmilk to provide my baby with more frequent feedings so that she can excrete the excess bilirubin and resolve this medical condition of jaundice. Because this is medically necessary for my child, I need to know how to submit a request or claim for reimbursement for the prescribed breast pump, (Brand/type), purchased (or rented) on (date).

Please see our Quick Reference Guide to Coding for Breastpumps to get common ICD-9 (Diagnosis) codes associated with the medical need for breastfeeding-related products, equipment and lactation consultations.