

Breastfeeding: Working with Your Health Insurance to Get a Breast Pump

It's the law: your health insurance plan must provide breastfeeding support, counseling, and equipment. You have a right to these services for as long as you need them. One important benefit? The use of a good breast pump.

Pumping lets you pump (express) milk to store and then feed to your baby later. A good breast pump allows you to keep providing your milk after you return to work or school. This may help you to keep your milk supply longer.

What do I need to know?

- Your health insurance must cover the cost of a breast pump. Both Medicaid and private health insurance plans cover this cost. Different plans cover the cost in different ways.
- Your plan may cover:
 - Renting a hospital-grade pump
 - Buying a new pump for you to keep
 - Renting a hospital-grade pump for a period of time (for example, until your baby is able to feed at the breast and your milk supply is established), then purchase of a personal-use pump
- Depending on your insurance, the covered pump could be:
 - Electric or hand pump
 - Provided before or after you have your baby



- Different insurance companies and plans provide the breast pump benefit in different ways. For example:
 - Some insurance covers pumps on request. You
 just have to call your insurance and ask.
 - Other insurance will cover the cost of a pump only if you have a doctor's prescription that describes the medical reason you need an electric breast pump. (This is part of a "pre-authorization" process for coverage.)

As you can see, there's a lot of variety in how insurance plans provide the breast pump benefit. The next section describes how you can work with your insurance to understand your coverage and get a breast pump.

What do I need to do?

To get your insurance to pay for a good breast pump (those mentioned by name on this page are generally recommended), follow these four steps:

- **1 Call your insurance provider,** and tell them you'd like to get a **personal-use breast pump**.
- 2 Ask your insurance provider the questions in the box at right (take notes, as needed):
- 3 Ask your doctor to write a prescription if your insurance provider needs one to cover the pump. If you need the pump for a medical reason, the diagnosis must be included with the prescription. You have a medical need for a pump if your baby cannot breastfeed because she is sick, premature, has other feeding problems.

The prescription should be for:

- "EO603, standard electric breast pump," if your provider recommends a standard personaluse pump
- "EO604, hospital-grade pump rental," if your healthcare provider recommends a hospitalgrade pump
- **4 Turn in the prescription as directed** by your insurance plan.
 - If you're using Intermountain Homecare, you can save time by faxing the prescription to the local office at ______.
 Then, call Intermountain Homecare and arrange a time to pick up the pump.
 - If you're using another source, turn in the prescription by:

What to ask your insurance provider

- "Do I need a doctor's prescription?"
 If yes, ask, "Where and how should my doctor send the prescription?"
- "Do you cover the cost of buying a pump or renting one?"
- If your plan covers the purchase of a pump, ask: "What kind of pump will you pay for: double electric or hand pump?"
 - If the answer is "double electric," ask:
 "Can I choose the pump I want?
 "Two options are the Medela Pump In Style or Ameda Purely Yours ... is either okay?"

(Double-electric pumps allow you to pump both breasts at the same time. They are covered by Medicaid and many private insurance plans.)

- If the answer is "hand pump," ask: "Can I choose the pump I want?

(With a hand pump you have to squeeze a handle to express milk.)

• "Where can I get the breast pump?" "Is there a certain place I need to go to get the pump?"

(If you're on Medicaid, you can get your pump through WIC, the Women, Infants, and Children nutrition program run by the Department of Health.)

 "Can I order the pump online? What brand? How long does it take?"