

Breastfeeding: Working with your insurance company 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.

Why is pumping important?

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 allow you to:
 - Rent a hospital-grade pump
 - Buy a new pump for you to keep
 - Rent 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 buy a personal-use pump
- Depending on your insurance, the covered pump could be:
 - Electric or manual (you squeeze a handle to express milk.)
 - Provided before or after you have your baby
- Each insurance plan provides the breast pump benefits in different ways. (Most of the time you will need a prescription from your provider.)
 - You may be able to order your pump through a medical equipment website (you will want to in this in advance due to time for shipping)
 - Through home health providers (or distribution of these through your hospital)
 - Allow you to buy your pump and submit a claim for reimbursement

What do I need to do?

To get your insurance to pay for a good breast pump, follow these 4 steps:

- 1 Call your insurance provider. Tell them you would like a personal-use breast pump.
- 2 Ask your insurance provider the questions in the box on the next page. Be prepared to take notes.
- 3 Ask your pregnancy (OB) provider to write a prescription if your insurance company needs one. 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 they are sick, premature, or has other feeding problems. The prescription should be for:
- "EO603, standard electric breast pump," if your provider recommends a standard personal-use 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. Many hospitals will do this for you and give you the pump before you leave the hospital.
- If you are using another source, turn in the prescription by:

"Do I need a doctor's prescription?" If yes, ask, "Where and how should my doctor send the prescription?"	"Where can I get the breast pump? Is there a certain place I need to go to get it?"
	The main places to get a pump are:
	Through your home health provider
	From the hospital
"Do you cover the cost of buying a pump of renting one, or both?"	 To buy and get reimbursed by your insurance
	 From an online specialty store
If your plan covers the cost of buying pump, ask:	
"What kind of pump will you pay for? Double electric or hand pump (manual)?"	
- If the answer is "double electric," ask:	Note: WIC can help you get a hospital grade pump for a baby in the NICU.
"Can I choose the pump I want?"	Additional information:
Double-electric pumps allow you to pump both breasts at the same time. They are covered by Medicaid and many private insurance plans.	
Wearable pumps are also sometimes covered by insurance. Check with a lactation consultant about using these if you are mainly pumping and feeding.	
 If the answer is "hand pump," ask: "Can I choose the pump I want?" 	