

Medical Policy: Breast Pump

Effective Date: 05/28/2013 Revised Date: 11/14/2013 Review Date: 02/13/2014

Reviewed/No Updates: 02/12/15; 02/11/16; 02/09/2017; 02/08/18, 2/14/19, 2/13/20

Breast Pump Policy

The Ventura County Health Care Plan strongly supports breastfeeding of infants. In order to promote breastfeeding, the Plan will reimburse the cost of a breast pump upon request to all mothers of newborns or to breastfeeding mothers with infants 9 months old or less. Breast pumps will be supplied as follows:

- 1. The member may purchase a manual breast pump or bilateral electrical breast pump through any provider. One breast pump (manual or bilateral electric) will be reimbursed per pregnancy up to a \$200 maximum. To obtain reimbursement for a breast pump, the member will complete a Manual Reimbursement Form and submit the form to the VCHCP Claim Department along with an original receipt as proof of purchase. No preauthorization is required.
- 2. For infants who are detained in the hospital for medical reasons, a heavy duty electrical (hospital grade) breast pump will be provided to the member on a rental basis by a contracted provider for the period of time that the infant is detained in the hospital or who is certified by the infant's doctor as being unable to breast feed. Preauthorization will be required and the provider will directly bill VCHCP.
- 3. If a member is using an electric breast pump from a previous pregnancy and requests reimbursement for a new set of supplies, the new supplies are considered medically necessary and will be reimbursed within the first 12 months following delivery. To obtain reimbursement for breast pump supplies, the member will complete a Manual Reimbursement Form and submit the form to the VCHCP Claim Department along with an original receipt as proof of purchase. No preauthorization is required.

A. Attachment: None

B. History:

Author/Reviewer: Albert Reeves, MD May 09, 2013

Committee Review: UM: May 09, 2013; QAC: May 28, 2013

Reviewed/No Changes: Catherine Sanders, MD November 14, 2013 Committee Review: UM: November 14, 2013; QAC November 26, 2013

Reviewed/No Changes: Catherine Sanders, MD February 13, 2014 Committee Review: UM: February 13, 2014; QAC February 25, 2014

Reviewed/No Updates by: Faustine Dela Cruz, RN & Catherine Sanders, MD

Committee Review: UM: February 12, 2015; QAC: February 24, 2015



Medical Policy: Breast Pump

Effective Date: 05/28/2013 Revised Date: 11/14/2013 Review Date: 02/13/2014

Reviewed/No Updates: 02/12/15; 02/11/16; 02/09/2017; 02/08/18, 2/14/19, 2/13/20

Reviewed/No Updates by: Faustine Dela Cruz, RN & Catherine Sanders, MD

Committee Review: UM: February 11, 2016; QAC: February 23, 2016
Reviewed/No Updates by: Catherine Sanders, MD & Robert Sterling, MD
Committee Review: UM: February 9, 2017; QAC: February 28, 2017
Reviewed/No Updates by: Catherine Sanders, MD & Robert Sterling, MD
Committee Review: UM: February 8, 2018; QAC: February 27, 2018
Reviewed/No Updates by: Catherine Sanders, MD & Robert Sterling, MD
Committee Review: UM: February 14, 2019; QAC: February 26, 2019
Reviewed/No Updates by: Howard Taekman, MD & Robert Sterling, MD
Committee Review: UM: February 13, 2020; QAC: February 25, 2020

Revision Date	Content Revised (Yes/No)	Contributors	Review/Revision Notes
2/9/17	No	Catherine Sanders, MD;	Annual Review
		Robert Sterling, MD	
2/8/18	No	Catherine Sanders, MD;	Annual Review
		Robert Sterling, MD	
2/14/19	No	Catherine Sanders, MD;	Annual Review
		Robert Sterling, MD	
02/13/20	No	Howard Taekman, MD;	Annual Review
		Robert Sterling, MD	