

BREAST PUMP INSURANCE MEDICAL POLICIES

BCBS OF MA 800-451-8124

No prior authorization is required. Most plans cover purchase or rental pumps (up to 10 months). The pump **MUST** be medically necessary and can not be used for convenience only. The patient must have a signed prescription stating a specific medically indicated condition.

Exceptions are Federal BC (Member # starts with R) which does not cover breast pumps under any circumstances and many of the BC Union policies which should be checked individually.

For any out of state Blue Cross plan, coverage for a breast pump must be checked individually. Each may have different criteria for coverage.

Harvard Pilgrim 800-708-4414

No prior auth is required. Covers purchase and rentals (up to 3 months).

Must meet following criteria: Flat/inverted nipples, cracked or bleeding nipples, premature infant that must stay in the hospital or if baby is readmitted to hospital within 30 days after discharge.

Neighborhood Health Plan 800-462-5449

No Prior Auth Required. Covers purchase or rental (up to 3 months). Covers for any diagnosis on prescription.

Mass Health 888-665-9993

Prior Auth IS Required! Will only cover rental for 1-3 months only if mother and baby are separated.

Tufts 888-766-9818

Prior authorization through Tufts Case Manager is required. Covers rental for 1 month if mother and baby are separated or for anomalies of the baby such as cleft lip or palate, tongue tie, or downs syndrome.

Healthy Start 888-488-9161

Will provide any prescribed DME up to \$300 per pregnancy. No specific medical policy.

Fallon 866-275-3247

Prior Auth Required. Covers for general feeding difficulties or lactation issues (all diagnosis must be on prescription). Each case is reviewed individually and requires authorization which can take 24-48 hours to approve. Generally will cover a rental for up

to 3 months.

Aetna 888-632-3862

Aetna does not cover breast pumps under their standard benefit plan and considers rental of a hospital grade breast pump to be medically necessary only if either of the following criteria is met:

The newborn is detained in the hospital after the mother has been discharged or
The newborn has a congenital anomaly that interferes with feeding. Acceptable diagnoses would be Cleft lip, Cleft palate, tongue tie, another other anomalies of mouth or pharynx.
The breast pump will be considered medically necessary for the first month after discharge.

Cigna 800-962-0051

See Aetna. Same restrictions apply.

BMC and Network Health

Pumps must be provided by BMC or Network Health directly.

Commonwealth Care Alliance:

Does not cover breast pumps.

For Any Out Of State or Other Insurances Not Listed:

Call the phone # listed on the insurance card. Specifically, ask for codes E0603 or E0604 within the DME benefit.