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
Date: 05/09/2013
Reviewed/No Changes: Catherine Sanders, MD
Date: 11/14/2013
Reviewed/No Changes: Catherine Sanders, MD
Date: 02/13/2014
Reviewed/No Updates by: Faustine Dela Cruz, RN & Catherine Sanders, MD
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

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

<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Content Revised (Yes/No)</th>
<th>Contributors</th>
<th>Review/Revision Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/9/17</td>
<td>No</td>
<td>Catherine Sanders, MD; Robert Sterling, MD</td>
<td>Annual review</td>
</tr>
<tr>
<td>2/8/18</td>
<td>No</td>
<td>Catherine Sanders, MD; Robert Sterling, MD</td>
<td>Annual review</td>
</tr>
<tr>
<td>2/14/19</td>
<td>No</td>
<td>Catherine Sanders, MD; Robert Sterling, MD</td>
<td>Annual review</td>
</tr>
</tbody>
</table>