

# Insurance Coverage of Breast Pumps

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## Questions to Ask Your Insurance Company

- What type of pump can I get? (hospital-grade rental pump, double electric personal-use, single electric personal-use, battery or manual pump)
- Do I have to get the "recommended" pump or can I choose to purchase one and submit the receipt for reimbursement?
- If yes, what amount will I be reimbursed?
- Is there a dollar limit on coverage for breast pumps?
- If I have already obtained a breast pump, can I submit a claim for reimbursement?
- Do I have to get the breast pump approved first?
- When can I get my breast pump? before giving birth? after the birth of my child?
- Where can I get my breast pump? Does it have to be from a designated place or can I choose where to get it?
- Do I have a rental pump option?
- Do I need a prescription for proof of medical necessity?

Most insurance companies require that expectant and postpartum mothers work with an in-network or participating DME supplier. Check with your insurance company to find out which DME supplier to work with.

A sample **Breast Pump Prescription** is available [here](#). This can be printed out and brought to your physician to be used as a Letter of Medical Necessity for a pump.

The 2010 Affordable Care Act (ACA) requires health plans to cover breastfeeding support and supplies. However, some insurances (such as through the military and Medical Assistance) are exempted from this rule. In addition, each insurance plan can decide which type of pump and supplies to cover. Maryland Breastfeeding Coalition is working with Maryland Medical Assistance to try to improve coverage. Breastfeeding supplies and services that assist lactation which are not covered by your insurance are considered medical care by the IRS and may be tax deductible. Some may qualify for reimbursement through a health flexible spending account (FSA) or health savings account (HSA). Contact your employer's benefit provider to find out what is covered under your specific FSA or HSA and the steps needed for reimbursement. If you do not have an FSA or HSA, you can deduct breastfeeding costs if you itemize your tax returns and if your total unreimbursed medical expenses exceed 7.5 percent of your adjusted gross income.

## Maryland Medical Assistance

For information on Medicaid coverage of breast pumps click [here](#).

Further information can be found at the following links:

[HRSA - Women's Preventive Services: Required Health Plan Coverage Guidelines](#)

[Healthcare.gov - Affordable Care Act Rules on Expanding Access to Preventive Services for Women](#)

[Medela - The Affordable Care Act: Breastpumps, Lactation Services and Coverage](#)

[CMS - Medicaid Coverage of Lactation Services](#)

## Option for WIC participants

**Women, Infants and Children (WIC)** has a limited number of pumps available for WIC participants, whose babies are in the NICU. Mothers should contact the breastfeeding coordinator for her local WIC or visit <http://mdwic.org>