

Medical Policy: Breast Pump

Effective Date: 5/28/13

Reviewed/Revised: 2/13/14; 11/14/13; 2/20/25; 5/8/25;
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Reviewed/No Updates: 2/12/15; 2/11/16; 2/9/17; 2/8/18;
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Breast Pump Policy

The Ventura County Health Care Plan strongly supports breastfeeding of infants. 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 Reimbursement Form* and submit the form to the VCHCP Claim Department along with an original receipt as proof of purchase. The member can request the reimbursement form 30 days prior to delivery. No preauthorization is required.
2. For infants who are detained in the hospital for medical reasons, a hospital grade electrical breast pump will be provided to the member on a rental basis by a contracted provider for the period that the infant is detained in the hospital and 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 will be reimbursed within the first 12 months following delivery. To obtain reimbursement for breast pump supplies, the member will complete a Reimbursement Form* and submit the form to the VCHCP Claim Department along with an original receipt as proof of purchase. No preauthorization is required.

***NOTE:** The reimbursement request must be submitted within 180 days of purchase. These forms are available only in hard copy and can be found and downloaded from the following website address:

<https://www.vchealthcareplan.org/members/programs/docs/countyemployees/reimbursementClaimForm.pdf>

Alternatively, the form can be opened and printed from the attachment below:



reimbursementClaimForm.pdf

A. Attachment: None

B. History:

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Revision Date	Content Revised	Contributors	Review/Revision Notes
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	(Yes/No)		
2/9/17	No	Catherine Sanders, MD; Robert Sterling, MD	Annual Review
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2/8/24	No	Howard Taekman, MD; Robert Sterling, MD	Annual Review
2/20/25	Yes	Howard Taekman, MD; Robert Sterling, MD	Added link and attachment of Reimbursement Claim form
5/8/25	Yes	Howard Taekman, MD; Robert Sterling, MD	Updated to add that member can request the reimbursement form 30 days prior to delivery
8/14/25	Yes	Robert Sterling, MD	Updated to clarify that the reimbursement request must be submitted within 180 days of purchase.