HOW TO GET A BREAST PUMP through Healthy Louisiana (Medicaid)

Breast pumps and supplies are often covered by a mother’s health insurance plan. The process for getting a pump through your health insurance will vary based on what health insurance plan you have.

All pregnant people, no matter what kind of health plan they have, should start by checking BreastPumpsMedline.com and AeroFlowBreastPumps.com for free, step-by-step help with getting a breast pump from their health plan.

Mothers who are signed up for Healthy Louisiana (Medicaid) and have delivered a baby can also follow the steps listed below. Mothers can only get a breast pump and supplies after the baby is born, but it’s best to start the process while you’re pregnant.

Note: If a mother has private health insurance, she must get a pump through that insurance company. Healthy Louisiana should be used only as a last resort.

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**STEPS TO GET A BREAST PUMP**

**Step 1:** Towards the end of your pregnancy, ask your doctor to write a prescription for a personal use breast pump that includes your expected due date. You will also need a medical document that lists your baby’s actual birth date (such as hospital discharge paperwork) to get the pump. If you get the prescription after the baby is born, have your doctor include your baby’s birthdate on the prescription.

**Step 2:** After you have delivered your baby, look at your Healthy Louisiana insurance card for contact information. Call them to let them know that you are breastfeeding and need a breast pump. Depending on the health plan, you may need to contact an in-network Durable Medical Equipment company to get a pump.

**Step 3:** You will be asked to submit the documents listed in step 1 and sign a form that states you have not received a pump through WIC.

**Step 4:** You will receive your breast pump in the mail.

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**TIPS FOR SUCCESS**

- Throughout your pregnancy, talk to your doctor and those close to you about breastfeeding.
- Call your health plan before baby is born to better understand the process and to learn how quickly you may receive a pump.
- To find breastfeeding support in your community, enter your zip code at LABreastfeedingSupport.org OR call 1-800-251-BABY.

**DO YOU HAVE A HEALTHY LOUISIANA PLAN?**

Healthy Louisiana is Louisiana’s Medicaid program. If you have one of the following health plans, you are covered by Healthy Louisiana. For the most current health plan options, call 1-855-229-6848 (TTY: 1-855-526-3346) or visit MyPlan.Health.La.gov.

- Aetna Better Health Louisiana
- AmeriHealth Caritas of Louisiana
- Healthy Blue
- Louisiana Healthcare Connections
- United Healthcare Community Plan

Questions or concerns? Email Breastfeeding@la.gov for help.
Who is eligible?

Lactating mothers with full Medicaid benefits are eligible to get one breast pump per delivery.

Limitations:

- If a mother received a breast pump from WIC, she cannot get one through Medicaid.
- A mother cannot get a breast pump through Medicaid during pregnancy. However, a provider can write a prescription for a pump during pregnancy, including the expected date of delivery.
- Medicaid is the payer of last resort. If a mother has private (commercial) insurance, the private insurer should be contacted first. If private insurance doesn’t cover breast pumps, the mother must provide her insurance plan’s Explanation of Benefits to show that a breast pump is not covered.

What if the health plan representative told me breast pumps are not covered?

Check to make sure you contacted the Medicaid health plan and not Medicaid. If you need more help, email Breastfeeding@la.gov, and include the following details:

- Mother’s full name
- Medicaid ID number
- Date and time the health plan was contacted

How can uninsured mothers get a breast pump?

- Mothers who are enrolled in WIC may be eligible for a breast pump. Find WIC clinic locations at LouisianaWic.org/Find.
- In a clinical setting, providers should connect uninsured mothers with a social worker.

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<tr>
<th>What kind of pumps are available?</th>
<th>Are pump rentals covered?</th>
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<tr>
<td>Only personal use, double electric pumps are available. Hospital, manual and single breast pumps are not covered. There are no brand limitations.</td>
<td>Breast pump rentals are not a covered benefit.</td>
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<tr>
<th>Are pump supplies covered?</th>
<th>Can a breast pump be replaced?</th>
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<td>The following supplies are covered: tubing, adapter for the pump, cap for breast pump bottle, breast shield, splash protector, polycarbonate bottle, and locking ring for the pump.</td>
<td>Medicaid will cover a replacement if the pump is more than three years old and if the manufacturers’ warranty has expired. There may be limitations due to equipment misuse.</td>
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Providers Only: How do I help a mom get a pump if her Medicaid is through Fee For Service (FFS)?

If pumps are provided by Medicaid through FFS (i.e. the mom receives only behavioral health and transportation services from Medicaid), the provider should contact DXC technology for a list of Durable Medical Equipment (DME) providers and ordering instructions. Breast pumps dispensed by DME providers must meet the criteria outlined in the DME manual on pages 14 – 16. To view the manual, click here: https://bit.ly/3cGdQlg to be redirected to the DME manual on the Louisiana Medicaid site.