

TRICARE Coverage of Breast Pumps, Breast Pump Supplies, and Breastfeeding Counseling
Reference: TRICARE Policy Manual Chapter 8 Section 2.6
Questions & Answers

Q1: I understand TRICARE now covers breast pumps, supplies and breastfeeding counseling. Is that true?

A1: Yes. Section 706 of The National Defense Authorization Act (NDAA) for Fiscal Year 2015, expanded TRICARE coverage of breast pumps, associated supplies and breastfeeding counseling to all TRICARE eligible female beneficiaries with a birth event. A “birth event” includes a TRICARE-eligible pregnant beneficiary or female beneficiary who legally adopts an infant and intends to breastfeed the adopted infant.

Note: Coverage is retroactive back to December 19, 2014, and copays/cost-shares don’t apply.

Q2: I thought TRICARE already covered breast pumps, associated supplies and breastfeeding counseling services.

A2: Before December 19, 2014, TRICARE covered heavy-duty hospital grade breast pumps and related supplies for mothers of premature infants. In addition, breastfeeding counseling services were allowed when provided during the inpatient stay or a well-child visit.

Q3: I’ve called my regional contractor several times and they’re saying breast pumps are still not covered. Why is that?

A3: By law, TRICARE must allow contractors time to put new policies into place. On July 1, 2015, the contractors are scheduled to implement the policy. When implemented, they will start giving out information on TRICARE’s coverage of breast pumps, breastfeeding supplies and counseling, and claims processing.

Q4: I understand the new policy now makes breast pumps, breast pump supplies, and breastfeeding counseling services on or after December 19, 2014, preventive care. If this is right, do I have any copays or cost-shares?

A4: No. If you bought a breast pump and supplies, or had breastfeeding counseling services on or after December 19, 2014, copays/cost-shares don’t apply. You may get your out-of-pocket costs covered once you file your [claim](#); be sure to attach a copy of your prescription and your receipts

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Current as of June 16, 2015

Q5: I had breastfeeding counseling services and bought a breast pump and supplies but don't have a prescription. Does this mean I can't get reimbursed?

A5: As long as you get a prescription from a TRICARE authorized provider and had covered services (up to six sessions) from an authorized provider and bought your breast pump and supplies on or after December 19, 2014, you can submit a claim for processing; make sure you include your prescription and receipts with your [claim](#) form.

Q6: Does TRICARE have a dollar amount that I'm limited to when buying a breast pump and breast feeding supplies?

A6: TRICARE will cover the purchase of one basic manual or one standard electric breast pump. A mother who needs a heavy-duty hospital grade breast pump should still have her provider submit a referral with medical necessity documentation, along with a prescription, to the regional contractor to find out if the hospital-grade pump would be authorized.

Q7: Can the breast pump and associated supplies covered under TRICARE's policy be bought under a single prescription, or do I need a prescription for the pump and a second one for the supplies?

A7: The breast pump and supplies can all be placed on a single prescription.

Q8: Where can I buy a breast pump to get reimbursed by TRICARE?

A8: TRICARE may cost share on claims for breast pump and supplies purchased from a TRICARE-authorized provider, supplier, or vendor. The types of vendors which may be approved for medical supplies, vaccines, Durable Medical Equipment, or Durable Equipment includes, but are not limited to, the following:

- Any firm, supplier, or provider that is authorized under Medicare.
- Any commissary under the jurisdiction of the Defense Commissary Agency.
- Any Post Exchange, Base Exchange, or Station Exchange under the jurisdiction of:
 - The Army/Air Force Exchange Service (AAFES); or
 - The Department of the Navy; or
 - The United States Marine Corps; or
 - The United States Coast Guard.
- Any civilian retail store.
- Any civilian retail pharmacy.

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Q9: Are there different out-of-pocket costs for TRICARE's coverage of breast pumps, associated supplies and breastfeeding counseling under the different TRICARE options (Prime, TRICARE Reserve Select, Standard, etc.) or beneficiary type (active duty vs retiree)?

A9: Coverage for breast pumps, supplies and breastfeeding counseling is the same for all TRICARE options and beneficiary types; cost-shares and copays don't apply.

Q10: I was told there wouldn't be any copays/cost shares for the purchase of a manual or standard electric breast pump and supplies with the new TRICARE Breast Pumps, Breast Pump Supplies, and Breastfeeding Counseling policy. But the new policy states regular Durable Medical Equipment (DME) and supply cost-sharing rules apply. Is this correct?

A10: The cost-sharing rules for Durable Medical Equipment (DME) in the TRICARE Breast Pumps, Breast Pump Supplies, and Breastfeeding Counseling policy applies to breast pumps bought on or before December 18, 2014. It doesn't apply to breast pumps bought on or after December 19, 2014.

Q11: What breast pump supplies are covered under the TRICARE Breast Pumps, Breast Pump Supplies, and Breastfeeding Counseling policy consider?

A11: TRICARE covers supplies specific to the breast pump the mother/family paid for. This includes standard power adapters, tubing and tubing adaptors, locking rings, bottles, bottle caps, shield/splash protectors, and storage bags; it also includes breast pump kits.

Q12: What supplies aren't covered under TRICARE's Breast Pumps, Breast Pump Supplies, and Breastfeeding Counseling policy?

A12: Supplies and other items that aren't covered include: breast pump batteries, battery-powered adapters, and battery packs; regular "baby bottles" (bottles not specific to pump operation), including associated nipples, caps, and lids; travel bags and other similar carrying accessories; breast pump cleaning supplies; baby weight scales; garments and other products that allow hands-free pump operation; ice packs, labels, labeling lids, and other similar products; nursing bras, bra pads, breast shells, and other similar products; and over-the-counter creams, ointments, and other products that relieve breastfeeding-related symptoms or conditions of the breasts or nipples.

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Q13: An obstetrician mentioned the main two suppliers for breastfeeding pumps are Medela and Ameda. He's wondering if the standard electric pump is considered any type or just the basic breast pump. These two companies offer different styles of breast pumps—some more advanced than others. Will TRICARE eligible beneficiaries get reimbursed if they choose a more expensive breast pump as long as it's not the one specialized for hospital stay or premature babies?

A13: Beneficiaries should use best judgement when buying the basic manual or standard electric breast pump. TRICARE may reimburse the base model. If a beneficiary desires a "more expensive" luxury model, he/she may be responsible for the difference between the base model and the luxury model.

Q14: Now that TRICARE policy allows me to get breastfeeding and lactation counseling, do I need a referral or authorization so the number of visits and the type of provider giving the services can be tracked?

A14: Breastfeeding/lactation counseling has generally been part of good clinical practice by a mother's provider; payment for breastfeeding/lactation counseling received during the inpatient maternity stay or an outpatient obstetrical (OB) or well-child care visit was included in the payment to that provider.

With the updated policy on Breast Pumps, Breast Pump Supplies, And Breastfeeding Counseling (for services on or after December 19, 2014) up to six (6) additional (i.e. in addition to the counseling provided during the inpatient stay or well-child care visit) individual outpatient breastfeeding/lactation counseling sessions, per birth event, may be covered. These counseling sessions are in addition to breastfeeding/lactation counseling given during an inpatient maternity stay, outpatient OB visit, or well-child visit. However, these additional counseling sessions are only covered and separately paid for when all of the following are met:

- The breastfeeding/lactation counseling is billed using one of the preventive counseling procedure codes 99401-99404; and
- Breastfeeding/lactation counseling is the only service being provided; and
- The breastfeeding/lactation counseling is rendered by a TRICARE-authorized individual professional provider (e.g., physician, physician assistant, nurse practitioner, nurse midwife, or registered nurse), outpatient hospital, or clinic.

Cost-shares /copays don't apply.

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Q15: So I could go back to work, I bought a breast pump two weeks before TRICARE's coverage of breast pumps, associated supplies and breastfeeding counseling went into effect. Can I get reimbursed for my out-of-pocket costs?

A15: No. Reimbursement only goes back to December 19, 2014. However, with a prescription from a TRICARE-authorized physician, physician assistant, nurse practitioner, or nurse midwife, you may be able to be reimbursed for:

- Standard power adapters, tubing and tubing adaptors, locking rings, bottles, bottle caps, shield/splash protectors, and storage bags used with the breast pump for up to 36 months after the "birth event", and
- Breast pump kits specific to each breast pump manufacturer's requirements, provide the necessary supplies/accessories to allow expression of breast milk from both breasts simultaneously (double-pumping). Up to two breast pump kits are covered per birth event.

Q16: I purchased a breast pump after December 19, 2014... but didn't have a prescription. If I get one from my provider now and submit it with my claim, will TRICARE reimburse me or does the prescription need to be dated before the date of purchase?

A16: There is no requirement for the date of the prescription to be before the date of purchase. All that is required is a valid prescription for the breast pump.

Q17: Does a prescription for breast pump supplies need to be submitted only once, or am I required to submit a new prescription as I purchase supplies during the 36 months post birth/adoption?

A17: A prescription for breast pump **supplies** is not required; only for the breast pump. However, to avoid possible claims processing delays, we suggest submitting a copy of the prescription for the breast pump with each claim submitted for breast pump supplies.

Q18: Does it matter what doctor a mother gets her prescription from for a breast pump and associated supplies? Policy lays out the types of doctors, but does not specify beyond that.

A18: No. There is no requirement that the prescription be from a specific type of physician or physician specialty; a prescription from ANY TRICARE-authorized physician, physician assistant, nurse practitioner, or nurse midwife, is acceptable.

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Q19: Can a TRICARE eligible mother get a prescription and purchase the breast pump and supplies before the baby is born, or must it be purchased after the “birth event?”

A19: Yes, a pregnant TRICARE beneficiary may buy a breast pump and supplies before the baby is born. Though TRICARE policy doesn't address this specific question, the expectant mother should use her best judgement to determine the best time to purchase the breast pump and supplies.

Q20: How far in advance of a delivery can a TRICARE authorized providers prescribe a breast pump?

A20: Although TRICARE policy does not address this specific question, the authorized provider should use his/her best judgement to determine the best time to prescribe a breast pump and supplies.

Q21: Does the TRICARE policy on breast pumps only cover mothers with babies born after Dec. 19, 2014 or does it only cover prescriptions and purchases made after that date (or both)? Example: baby born Dec. 18, prescription written/pump purchased after December 19, 2014.

A21: Coverage under TRICARE's Breast Pumps, Breast Pump Supplies, and Breastfeeding Counseling policy is based on when the breast pump and supplies are purchased, not when the baby is born. TRICARE covers a basic manual or standard electric breast pump and associated supplies when bought on or after December 19, 2014. For example, if a TRICARE provider writes a prescription for the breast pump for a baby born on December 18, 2014 and the mother purchases the breast pump and supplies on or after December 19, 2014, the breast pump is covered and supplies are covered up 36 months after the “birth event”. If on the other hand, the breast pump and supplies were purchased on December 18, 2014 (or earlier) they won't be covered.

Q22: TRICARE talks about coverage of a breast pump, breast feeding supplies and breastfeeding services per each “birth event”. If a family has children born 14 months apart, can the mom receive a breast pump and supplies for each birth event/child? Or is there a 36-month delay, since the supplies are good for 36 months after "each birth event"?

A22: Yes. The mother is eligible for another breast pump with every birth; the 36 month period for coverage of supplies begins with each new birth event.

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Q23: My child was born premature before TRICARE's expanded benefit went into effect and during the inpatient stay I was issued a heavy-duty hospital grade breast pump. Upon discharge, due to a medical necessity, I was able to keep and continue to use the issued breast pump; I've been paying the required copay/cost-shares. Since TRICARE's coverage of breast pumps, associated supplies and breastfeeding counseling changed, can I keep the heavy-duty hospital grade breast pump and be reimbursed for out-of-pocket cost?

A23: The continued use of a heavy-duty hospital grade breast pump may continue if your TRICARE authorized provider documents continued medical necessity for the use of it and the request is approved; you don't need a new prescription. However, if/when it's determined that a heavy-duty hospital grade breast pump is no longer medically necessary and appropriate medical care, TRICARE may cover a basic manual or standard electric breast pump. You then need a prescription from a TRICARE-authorized physician, physician assistant, nurse practitioner, or nurse midwife. Copays/cost-shares won't apply.

For services before December 19, 2014, TRICARE copays/cost-shares apply for the heavy-duty hospital grade breast pump. For services on or after December 19, 2014, copays/cost-shares don't apply. If you paid out-of-pocket copays/cost-shares for a heavy-duty hospital grade breast pump, you should contact your regional contractor to get those claims reprocessed.

Q24: I didn't keep the receipt for my breast pump when I bought it from Baby's R Us. Will TRICARE cover my costs or take a copy of my credit card statement?

A24. Unless you have a receipt or statement showing you specifically bought a breast pump or breast pump supplies and how much you paid, TRICARE can't cover your out-of-pocket costs.

Q25: Current TRICARE policy does not allow Nurse Practitioners (NP) or Physician Assistants (PA) to write for durable medical equipment. But the TRICARE Breast Pumps, Breast Pump Supplies, and Breastfeeding Counseling policy states a prescription from a TRICARE-authorized physician, physician assistant, nurse practitioner, or nurse midwife is required for coverage of a heavy-duty hospital grade breast pump. Will I get reimbursed my out-of-pocket cost if my prescription is written by an NP or PA?

A25: The breast pump and breast pump supply policy does allow a prescription from a TRICARE authorized physician, physician assistant, nurse practitioner, or nurse midwife. At this time, these providers are authorized to prescribe for a breast pump and breast pump supplies. A separate policy will allow these types of providers to prescribe "other" DME.

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