

TRICARE® OVERSEAS PROGRAM

BREASTFEEDING SUPPLIES AND COUNSELING SERVICES



FREQUENTLY ASKED QUESTIONS

QUESTION	ANSWER
What supplies and breast pumps are covered under TRICARE?	<p>The following breast-pump supplies must be obtained from a TRICARE-authorized provider, supplier or vendor and are covered for up to 36 months after the birth event:</p> <ul style="list-style-type: none"> • One breast pump kit per birth event* • Standard power adapters • Two sets (2) of nipple shields and one Supplemental Nursing System (SNS) per birth event • Tubing and tubing adaptors • 100 breast milk bags every 30 days following the birth event • Locking rings • Bottles and bottle caps
Does TRICARE cover replacement parts for supplies and breast pumps?	<p>Yes, TRICARE covers the following replacement parts:</p> <ul style="list-style-type: none"> • Bottles: Two replacement bottles and caps/locking rings every 12 months following a birth event • Power Adaptors: One replacement power adapter per birth event, and not within the first 12 months following purchase • Valves: 12 valves/membranes for each 12-month period following a birth event • One set (2) of flanges/breast shields per birth event • One set of tubing per birth event • 100 breast milk bags every 30 days following the birth event
Who can write a prescription for a breast pump?	TRICARE Prime, TRICARE Prime Remote and TRICARE Select beneficiaries overseas require a breast pump prescription from either a midwife, nurse practitioner, physician or physician assistants.
From when can I purchase breast pump supplies?	As a mother-to-be, you can get breast pump supplies before or up to 3 years (36 months) after the "birth event." A birth event includes a pregnant beneficiary beginning at the 27th week of the pregnancy (third trimester) or a female beneficiary who legally adopts an infant and intends to personally breastfeed.
If an online purchase is made are shipping charges included in the TRICARE benefit?	Standard shipping costs are covered and factored into the cost of the item. Expedited or priority shipping costs are not covered for reimbursement.
How far before the birth event are breast pumps and supplies covered?	TRICARE provides coverage for breast pumps and related supplies starting from the 27th week of pregnancy (third trimester). If a child is born before the 27th week, the coverage begins from the birth of the child. This benefit also extends to female beneficiaries who have legally adopted an infant and plan to breastfeed the adopted infant personally. As long as the beneficiary has a prescription for the breast pump, the claim should be paid. Supplies are covered without a prescription.
Breast pump supplies are covered for up to 36 months post "birth event." How will contractors determine when the "birth event" occurred?	While the TRICARE policy allows supplies to be covered up to 36 months post birth event (i.e., the date of child birth or legal adoption), it is up to International SOS to determine when the birth event occurred in order to track this 36-month period.
If the beneficiary is no longer TRICARE eligible, but bought a breast pump when they were eligible, can they still get reimbursed?	Yes, as long as the beneficiary's receipt shows they bought the pump on or after December 19, 2014 and the receipt is for a date of service they were eligible for TRICARE.
Do Active Duty Service Members (ADSM) need a referral and authorization for breast pumps, breast pump supplies, or breastfeeding counseling?	No authorization or referral is needed.

(Cont.)

FREQUENTLY ASKED QUESTIONS (Cont.)

QUESTION	ANSWER
Will I get reimbursed for a manual/electric breast pump with advanced features?	Breast pumps with “luxury or deluxe” features or unnecessary accessories are excluded. Beneficiaries should use their best judgment 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, you may be responsible for the difference in price between the base model and the “luxury” model.
Do I need an authorization for the purchase of a heavy-duty hospital grade pump?	Yes, an authorization will be required for heavy-duty hospital- grade pumps. To qualify for a heavy-duty hospital grade breast pump medical necessity must be identified in the prescription. For the other types of manual/standard electronic breast pumps and supplies, no authorization is required to support reimbursement.
Are heavy-duty hospital-grade pumps covered under TRICARE?	<p>TRICARE covers heavy-duty hospital-grade breast pumps (including services and supplies related to the use of the pump) for mothers of premature infants only while the infant remains hospitalized during the immediate postpartum period. After the premature infant is discharged, continued use of a hospital-grade breast pump may be covered when a physician documents the medical reason for continued use.</p> <p>TRICARE also covers electric hospital-grade breast pumps and supplies when needed for mothers and infants:</p> <ul style="list-style-type: none"> • Who are separated due to illness. • Who are unable to feed directly from the breast due to medical reasons. <p>Beneficiaries must have a prescription from a TRICARE-authorized physician, physician assistant, nurse practitioner, or nurse midwife. The prescription must state which type of breast pump is covered.</p> <p>When a hospital-grade breast pump is no longer needed, you may be covered for a manual or commercial off-the-shelf electric breast pump; a new prescription is required.</p>
If an electric breast pump breaks, are repair fees covered?	Repairs are covered. If the item is no longer serviceable or fixable, benefits are allowed for a replacement breast pump. Only manufacturer warranties included in the purchase price of the pump are allowed. Retail store or outsourced warranties offered by the store are not allowable.
If a beneficiary submits a claim for reimbursement retrospectively, is an additional International SOS authorization required?	No. The beneficiary must submit an approved and completed Claim Form with a copy of the prescription for the breast pump, along with a proof of purchase (i.e. itemized invoice).
Does TRICARE cover breastfeeding counseling (Lactation Counseling)?	<p>Beneficiaries may get up to 6 individual outpatient breastfeeding/Lactation Counseling sessions per birth event when:</p> <ul style="list-style-type: none"> • Breastfeeding/Lactation Counseling is the only service the beneficiary gets; and • Counseling is delivered by a TRICARE-authorized provider or Lactation Consultant/ Lactation Counselor under the CBSD. <p>As of January 1, 2025, TRICARE will introduce the Childbirth and Breastfeeding Support Demonstration (CBSD) which will effectively broaden that coverage to include group breastfeeding sessions. The 6-visit limit applies whether the patient gets group or individual counseling, and whether the patient receives care from an existing provider like a midwife, or from a CBSD provider like a non-nurse lactation consultant.</p> <p>These CBSD sessions are in addition to the lactation care and counseling you may have received during your inpatient stay, outpatient OB follow up or well child visit.</p>
Are there certain qualifications or criteria that my Lactation consultant or counselor must meet in order to provide services to me?	Both your Lactation Consultant and Lactation Counselor must be at least 18 years old and meet all the requirements set in the TRICARE Policy to be reimbursed under the CBSD. International SOS has established a network of providers who meet all the requirements. Please contact your TOP Regional Call Center to speak with a member of the team who can give you information on which providers are part of the network in the country you reside in.
Does TRICARE cover Banked Donor Milk (BDM) overseas?	No BDM is not available in the TOP country locations, with an exception to Canada and the United States

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