



## **State of Montana Benefit Plan (State Plan) Breastfeeding Benefits**

### **Breastfeeding/lactation support and counseling**

Reimbursement for services to support breastfeeding is available when provided by a Certified Lactation Consultant (CLC) or International Board Certified Lactation Consultant (IBCLC) under the general supervision of a licensed physician or a licensed mid-level practitioner.

- Covered services provided by in-network providers are covered at 100% of the allowed amount.
- Covered services provided by out-of-network providers have a separate deductible, co-insurance, and maximum out-of-pocket amount. Plus, any amount charged above the allowed amount can be balance-billed to you. Out-of-network benefits are separate from In-Network benefits. [Please reference the State of Montana Benefit Plan Wrap Plan document for complete details.](#)
  - In-network providers will submit claims for services directly to BlueCross & BlueShield of Montana.
  - For Out-of-network providers, the plan member may need to submit claim forms directly to BlueCross & BlueShield of Montana. See the “To Get a Breast Pump and Supplies” section.
- Claims for services must be submitted within 12 months of the date of service or initial expense.

### **Breast Pump and Breastfeeding Supplies**

Reimbursement for one breast pump per birth event and breastfeeding supplies is available as listed below.

#### **Reimbursable Breastfeeding Supplies**

- Tubing for breast pump
- Adapter for breast pump
- Cap for breast pump bottle
- Breast shield and splash protector for use with breast pump
- Polycarbonate bottle for use with breast pump, replacement
- Locking ring for breast pump
- Breast pump, manual, any type
- Breast pump, electric (AC and/or DC), any type
- Breast pump, hospital grade, electric (AC and/or DC), any type – rental for up to 1 year
- Storage bags
- Cleaning wipes, cleaning bags sterilization kit only
- Creams, ointments, and other products that relieve breasts or nipples
- Breast milk storage bottles – reasonable amount for storage, usually 10-12 bottles\*\*
- Breast Pads

## **Not-Reimbursable Breastfeeding Supplies**

Breastfeeding equipment and supplies not listed in the “Covered Breastfeeding supplies” section are not covered. This includes, but is not limited to:

- Infant scales
- Batteries, battery-powered adaptors, and battery packs\*
- Bottles, nipples, caps, and lids which are not specific to breast pump operation\* \*\*
- Ice-packs, labels, labeling lids, and other similar products\*
- Nursing bras and garments for convenience
- Breast pump cleaning supplies (except those outlined in what’s covered)
- Stand-alone travel bags/carrying case and other similar travel or carrying accessories\*

\*Some items are covered if they come bundled by the manufacturer with the breast pump. They cannot be reimbursed if purchased as separate items.

\*\* Generally, bottles must be able to be attached to the machine itself for collecting breastmilk to be reimbursable.

## **To Get a Breast Pump and Supplies**

- Please work with your provider to find a breast pump that best suits your individual needs.
- An in-network provider may submit the claim on your behalf.
- If using an out-of-network provider, including retail locations, you will need to submit the claim by using the Medical Claim form: [bcbsmt.com/docs/forms/claim/mt/medical-claim-mt.pdf](https://bcbsmt.com/docs/forms/claim/mt/medical-claim-mt.pdf).
  - Claims for reimbursement must be submitted within 12 months of the date of service or initial expense.
  - Mail the completed form and receipts to the address listed. Make a copy for your records.

**For any additional questions, please contact BlueCross & BlueShield of Montana at (888) 901-4989 or the Health Care & Benefits Division at (800) 287-8266, TTY (406) 444-1421, or [BenefitsQuestions@mt.gov](mailto:BenefitsQuestions@mt.gov).**

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