



First Nations Health Authority
Health through wellness

First Nations Health Benefits: Breast Pump Purchase Process

Community member needs a breast pump after birth.

Health professional and Client choose a breast pump that best meets the Client's needs (i.e., manual or electric).
*Note: First Nations Health Benefits (FNHB) provides coverage for one manual or electric breast pump per birth.**

Prescription

Written by Medical Doctor, Nurse Practitioner, Registered Nurse or Registered Midwife.

Purchase

Client purchases from a Provider - either a pharmacy or medical supplies and equipment (MS&E) store. If no pumps are available, they ask when they will be restocked or reach out to other Providers.

Coverage

Breast pump under \$300?

YES: No pre-determination required. Client's prescription is kept on file.

Breast pump dispensed to Client.

Provider submits claim to Pacific Blue Cross (PBC) within 12 months.

NO: Provider is required to submit a pre-determination** to Pacific Blue Cross (PBC). Ask the Provider to submit an urgent/rush request for timely access.

PBC approves the breast pump, informs the Provider.

Breast pump dispensed to Client.

Please note that not all pharmacies are registered as MS&E Providers with PBC. These pharmacies are unable to use PBC's online ProviderNet system and will have to fax/mail all pre-determinations to PBC if the prescriber is a Registered Nurse. If a Registered Nurse is planning to recommend a breast pump, please contact the pharmacy or medical supply vendor in advance to confirm if they are registered as an MS&E Provider with PBC. If the pharmacy is not a PBC registered MS&E Provider, please have the Medical Doctor, Registered Midwife or Nurse Practitioner write a prescription to expedite this process.

Please contact the Provider in advance to confirm if they are registered as an MS&E Provider with PBC.

*First Nations Health Benefits (FNHB) may also provide coverage for a rental breast pump, pending a pre-determination. If a Client rents a pump, it will not exclude them from buying one later as the coverage is separate. Note that a credit card may be required for rentals.

**A pre-determination is a request for a benefit that a Provider must submit to PBC via fax or mail. Once approved, the Provider is then able to dispense the benefit to the community member fully covered.

Questions? Call Health Benefits at 1-855- 550-5454 or email at HealthBenefits@fnha.ca

