

	Health Resources Division: Durable Medical Equipment Program
	Effective Date: 12/1/2024
	Subject: Coverage Criteria for Double Electric Breast Pumps and Milk Storage Bags

Double Electric Breast Pumps and Milk Storage Bags Coverage Criteria

1. Purpose

This policy outlines the coverage criteria and process for obtaining double electric breast pumps (HCPCS E0603) and milk storage bags (HCPCS A4287) provided exclusively through Aeroflow, Inc.

This policy **does not** apply to hospital-grade electric breast pumps (HCPCS E0604). Refer to the Hospital-Grade Electric Breast Pump coverage criteria document for additional information.

2. Coverage Criteria

This section outlines the coverage criteria for double electric breast pumps and milk storage bags.

- **Double Electric Breast Pumps:** The following criteria must be met to be eligible for a double electric breast pump.
 - The breast pump must be ordered and obtained through Aeroflow, Inc., the Montana Healthcare Programs designated sole source vendor.
 - The member must be at least 28 weeks pregnant or breastfeeding.
- **Milk Storage Bags:** Eligibility for milk storage bags is as follows:
 - Members receive 100 milk storage bags with the initial double electric breast pump order.
 - To be eligible for additional milk storage bags beyond the initial supply the member must be actively breastfeeding and using the breast pump.

3. Quantity Limits

This section outlines the quantity limits for double electric breast pumps and milk storage bags.

- **Double Electric Breast Pump**

- Coverage is limited to one breast pump per pregnancy, not to exceed one (1) breast pump within a 12-month period.

- **Milk Storage Bags**

- Limited to 100 bags per month.

4. Ordering Process

This section outlines the process to order breast pumps and additional milk storage bags.

- **Double Electric Breast Pump**

Ordering a double electric breast pump from Aeroflow, Inc. is a three-step process:

- **Step 1:** The member completes a quick and secure online qualification form to verify eligibility on the [Aeroflow Montana Medicaid Breast Pump website](#).
- **Step 2:** The member selects from one of the five breast pump options available:
 - Medela Pump in Style with Max Flow
 - Zomee Z2 with Tote and Cooler Set (ZZ2B)
 - Motif Luna
 - Lansinoh Signature Pro with Tote
 - Spectra S2
- **Step 3:** The member's provider submits a prescription to Aeroflow, Inc. via fax at (800) 806-2799. The prescription must include the following:
 - Member name
 - Member card ID
 - Date of birth
 - Order date
 - Printed name and signature of authorized provider
 - Valid diagnosis code for a pregnant or nursing member
 - Estimated due date or gestational age
 - Medical necessity
 - Projected length of need
 - Member's mailing address
 - Member's phone number

- **Additional Milk Storage Bags**

Aeroflow, Inc. reaches out to eligible members to explain the ordering process. Members can place an order via email, text, or an online account. They can also contact Aeroflow, Inc., via phone, chat, or email to request assistance with placing an order.

5. Order Fulfillment Timeline

Double electric breast pumps are delivered within five (5) business days following a fully completed order. A completed order includes the prescription from an enrolled provider **and** the member's online order.

Version History

Version Number	Revision Date	Summary Changes
1	N/A	None – Original posting.