



# Montana Healthcare Programs Provider Notice

December 4, 2024

**Effective Dec. 1, 2024**

**Informational**

**CAH, Durable Medical Equipment, Direct Entry Mid-Wife, FQHC, Hospital Inpatient, Hospital Outpatient, Mid-Level, Physician, RHC, and Tribal 638 Providers**

## **Change in the Double Electric Breast Pump Provider**

As of Dec. 1, 2024, Aeroflow, Inc. is the sole source vendor for distributing **double electric breast pumps (HCPCS E0603) and milk storage bags (A4287)** for Montana Medicaid and Healthy Montana Kids/Children's Health Insurance Program members.

This notice **does not** apply to hospital-grade electric breast pumps. For hospital-grade electric breast pump coverage policies; refer to the Durable Medical Equipment, Prosthetics, Orthotics, and Medical Supplies (DMEPOS) Provider Manual on the DME webpage on the Montana Healthcare Programs Provider Information website.

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

1. The member completes a quick and secure online qualification form to verify eligibility on the [Aeroflow Montana Medicaid Breast Pump website](#).
2. The member selects a breast pump from the five available options.
3. The member's provider submits a prescription to Aeroflow, Inc. via fax at (800) 806-2799. Double electric breast pump prescriptions must include the following:
  - Member name
  - Member 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

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

Montana Medicaid and HMK/CHIP only cover double electric breast pumps to members at least 28 weeks pregnant or breastfeeding. A member is eligible for one breast pump per pregnancy and no more than one breast pump in 12 months.

## Contact and Website Information

If you have questions, please contact Maggie Irby, Durable Medicaid Equipment Program Officer, at (406) 444.4518 or email [Margaret.Irby@mt.gov](mailto:Margaret.Irby@mt.gov).

For claims questions or additional information, contact Montana Provider Relations at (800) 624-3958 or (406) 442-1837 or email [Montana Provider Relations Helpdesk](#).

Visit the [Montana Healthcare Programs Provider Information website](#) to access your provider type page. Choose Resources by Provider Type in the left-hand menu.

Visit the [Contact Us page](#) on the Provider Information website for additional DPHHS contact numbers.