



Kansas
Breastfeeding
Coalition, Inc.

Breast pumps* and replacement parts are covered for all KanCare female beneficiaries ages 12 through 55.

To ensure timely access, a breast pump should be ordered *during pregnancy*, at least 3 weeks before their estimated due date.

Covered Breast Pumps and Part¹

Covered breast pumps	Covered breast pump replacement parts
E0602 – manual breast pump E0603 – electric breast pump	A4281 – replacement breast pump tube A4282 – adapter for breast pump, replacement A4283 – cap for breast pump bottle, replacement A4285 – polycarbonate bottle for use with breast pump, replacement A4286 – locking ring for breast pump, replacement A4287 – breast milk storage bags (not limited to 2 per year)
Coverage is limited to a combined total of no more than 1 pump every year.	Coverage is limited to no more than 2 of each replacement part per year

* Exclusions: The E0604 Hospital grade breast pump and A4284 replacement breast pump shield and splash protector are excluded from coverage.

Ordering breast pumps and parts

Online options: (pump will be shipped directly to the parent)

Company	Phone Number	Website
Byram Healthcare	1-877-902-9726	www.byramhealthcare.com ; https://www.byramhealthcare.com/product-and-services/catalog/63324-breast-pumps
Edgepark Medical Supplies	1-888-394-5375	www.edgepark.com
Adapthealth	1-855-406-7867	https://pcs.adapthealth.com/ourbreastpumps/
Medline Industries	1-833-718-2229	https://www.medline.com/search/products/breast%20pump

Local options:

Durable Medical Equipment (DME) vendors may have breast pumps on hand or be able to order a breast pump. Call Member Services phone number found in the back of the member's Medicaid card.

Process for obtaining a breast pump through KanCare:

- Member obtains a prescription from their physician, preferably during pregnancy
- Local DME:
 - Member must bring Photo ID and Medicaid insurance card
 - Member will be asked to complete a form required by DME
- Online DME:
 - Member must enter Medicaid insurance card information
 - Member must have physician prescription and/or name of prescribing physician

¹ https://portal.kmap-state-ks.us/Documents/Provider/Provider%20Manuals/DME_24278_24265.pdf Page 8-30