



Requirements for Breast Pump Payments – Texas Medicaid

November 15, 2021

Blue Cross and Blue Shield of Texas (BCBSTX) Medicaid **does not pay** for Breast Pumps that are delivered to the member prior to the newborn date of birth (DOB).

Requirements

Breast pump equipment is a benefit by durable medical equipment (DME) suppliers and medical supply companies in the home. For claims submission the place of service (POS) should indicate home setting.

Breast pumps are eligible under the mother’s Medicaid client number; however, if a mother is no longer eligible for BCBSTX Medicaid and there is a need for a breast pump or parts, then it can be obtained under the infant’s Medicaid client number.

Billing Information

| Procedure Codes | Additional Information | Limitations |
|--|---|---|
| A4281, A4282, A4283, A4284, A4285, A4286 | Breast pump parts for use with a pump that has been purchased. All parts must be submitted with a modifier U8. | Each part–up to 2 times within 12 months from the breast pump date of purchase |
| E0602* | Purchase of a personal-use, manual breast pump | Once within 12 months from the date of birth |
| E0603* | Purchase of a personal-use, electric breast pump | |
| E0604* | Rental of a multiple-user, hospital-grade electric breast pump | Initial 60-day rental, followed by up to three 90-day rentals within 12 months from the date of birth |
| *Only one of these procedure codes may be reimbursed when submitted for the same date of service by any provider | | |
| Modifier | Additional Information | |
| U8 | U8 denotes the replacement of a part of durable medical equipment and must be used when submitting claims for any breast pump parts | |

Resources: [Texas Medicaid Provider Procedures Manual TMPPM](#)

Questions

For questions or additional information, please:

- Contact TMHP Center at 1-800-925-9126 or [website](#)
- Contact your BCBSTX Medicaid Network team at 1-855-212-1615 or
- Submit via email [Texas Medicaid Network Department](#)