



Your Extended Family.

Breast Pump Requirements

Molina does not require Prior Authorization for Breast Pumps. Below listed codes Molina will pay for:

- E0602- Breast pump, manual, any type- for purchase only
- E0603- Breast pump, electric (AC and/or DC), any type for purchase only
- E0604- Breast pump, hospital grade, electric (AC and/or DC), any type rental only

Per TMHP:

A manual or non-hospital-grade electric breast pump may be considered for purchase only with the appropriate documentation supporting medical necessity. The purchase of a breast pump is limited to one every three years. Providers must use procedure code E0602 or E0603 when billing for the purchase of a manual or non-hospital-grade electric breast pump. A hospital-grade breast pump (procedure code E0604) may be considered for rental, not purchase. Rental of a hospital-grade breast pump is not time limited. If more than one type of breast pump is billed on the same day by the same provider, only one will be reimbursed. The following procedure codes for replacement parts are benefits of Texas Medicaid: A4281, A4282, A4283, A4284, A4285, and A4286. Breast pumps are also available through the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).