



**January 3, 2025**

**Nevada Medicaid Web Announcement 3521**

## **Breast Pumps And Supplies Covered For Nursing Mothers With Infants Up To 12 Months Of Age**

Effective January 1, 2025, Nevada Medicaid is opening the following procedure codes to cover breast pumps and supplies:

- E0602 (Manual Breast Pump Rental or Purchase)
- E0603 (Electric Breast Pump Rental or Purchase)
- A4287 (Disposable collection and storage bag for breast milk - 200 per 30 rolling days)

The following provider types (PT) will be able to provide services to Nevada Medicaid recipients and be reimbursed by Nevada Medicaid for the above codes:

- 12 (Hospitals, Outpatient)
- 20 (Physician, M.D., Osteopath, D.O.)
- 24 (Advanced Practice Registered Nurses)
- 33 (Durable Medical Equipment (DME))
- 60 (School Health Services)
- 74 (Nurse Midwife)
- 77 (Physician's Assistant)

PT 12 and PT 33 can also bill procedure code E0604 (Hospital Grade Breast Pump rental only) allowed for 1 unit per month up to 6 months with prior authorization.

For replacement supplies, PT 33 providers can bill the following procedure codes with limitations:

- A4281 (Tubing for breast pump, replacement) – 1 per 12 months
- A4282 (Adapter for breast pump, replacement) – 1 per 12 months
- A4283 (Cap for breast pump bottle, replacement) – 2 per 12 months
- A4284 (Breast shield and splash protector for use with breast pump, replacement) – 2 per 12 months
- A4285 (Polycarbonate bottle for use with breast pump, replacement) – 2 per 12 months
- A4286 (Locking ring for breast pump, replacement) – 2 per 12 months

The billing guides will be updated appropriately.

Claims with dates of service on or after January 1, 2025, for the above procedure codes will suspend with error code 853 (HCPCS – Annual Update – Suspend Claims) until the Medicaid Management Information System (MMIS) is updated. After the MMIS is updated, claims that suspended with error code 853 will be released for adjudication. Results of this adjudication will appear on a future remittance advice.

When claims are reprocessed or released for adjudication, please be aware that all system and clinical claim editor edits are applicable. As a result, there may be no additional payment, and other claim denials may be received. Providers have the right to appeal denied claims, including those denied upon reprocessing. Please refer to [Medicaid Services Manual Chapter 100](#) and the [Billing Manual](#) for information concerning the claim appeal process and time frames.

For questions regarding coverage and billing, please contact the Medical & Dental Benefits Coverage inbox, [medicalprograms@dncfp.nv.gov](mailto:medicalprograms@dncfp.nv.gov), or DME, [DME@dncfp.nv.gov](mailto:DME@dncfp.nv.gov).