



PROVIDER POLICIES & PROCEDURES

SUPPLEMENTAL OUTPATIENT DONOR BREAST MILK

The primary purpose of this policy is to assist accredited milk bank providers enrolled in the Connecticut Medical Assistance Program (CMAP Providers) with the information needed to support a medical necessity determination for supplemental donor breast milk supplied on an outpatient basis. By clarifying the information needed for prior authorization of services, HUSKY Health hopes to facilitate timely review of requests so that individuals obtain the medically necessary care they need as quickly as possible.

Human donor breast milk is milk expressed and donated by lactating women, pasteurized via the Holder Pasteurization (HoP) method, and dispensed for use by a recipient who is not the donor's own baby. Given that the supply of human donor breast milk is very limited, it is necessary that it be reserved for infants with high-risk conditions.

CLINICAL GUIDELINE

Coverage guidelines for supplemental outpatient donor breast milk are as follows:

With prior authorization, supplemental outpatient donor breast milk may be considered medically necessary for infants 0 to 6 months of age when the human milk bank is enrolled in the Connecticut Medical Assistance Program (CMAP) and accredited by the Human Milk Banking Association of North America (HMBANA).

Note: a prior authorization does not guarantee available donor milk supply. There may be situations where donor milk supply is not available, available in limited quantities or only available for a short interim period as specified by the milk bank. The human milk bank will place limits on orders and/or triage patients based on level of need as supplies are limited.

Outpatient Donor breast milk as a supplement from an accredited milk bank will be considered medically necessary for an infant meeting the following criteria:

- A. A letter of medical necessity submitted by the prescribing practitioner stating that donor breast milk is the best option to supplement the infant's medical/nutritional needs; AND
- B. The infant has a congenital or acquired condition for which feeding with human milk is particularly advantageous to support treatment and recovery including:
 - Presence of a congenital or acquired condition that increases the risk of development of necrotizing enterocolitis
 - Presence of abdominal wall defects (e.g., gastroschisis, omphalocele)
 - Immunological deficiencies (e.g., IgA deficiency, SCID, HIV)
 - Presence of congenital heart disease requiring repair in the first year of life
 - The infant is an organ transplant recipient or is on a waiting list
 - Intestinal anomalies (e.g., short-gut syndrome, malabsorption, intestinal atresias)
 - Renal disease/failure

AND

Please note that authorization is based on medical necessity at the time the authorization is issued and is not a guarantee of payment. Payment is based on the individual having active coverage, benefits and policies in effect at the time of service.

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C. The infant is unable to receive maternal breast milk due to it being unsuitable for consumption secondary to infectious disease, medication, or other maternal condition OR the infant's mother is unable to produce enough breast milk to promote growth and development.

Supplemental Outpatient Donor breast milk from an accredited milk bank may be continued with prior authorization for up to an additional six 30-day periods for infants 6 to 12 months of age who are currently on supplemental donor breast milk and meet the following criteria:

- A. A letter of medical necessity from the prescribing practitioner stating that donor breast milk is still the best option to supplement the infant's medical/nutritional needs; AND
- B. The infant has a congenital or acquired condition for which feeding with human milk is particularly advantageous to support treatment and recovery (as listed in criteria above); AND
- C. The infant requires the continuation of supplemental donor breast milk.

Note: a prior authorization does not guarantee available donor milk supply. There may be situations where donor milk supply is not available, available in limited quantities or only available for a short interim period as specified by the milk bank. The human milk bank will place limits on orders and/or triage patients based on level of need as supplies are limited.

Requests for donor breast milk for **babies 1 year of age and older** will be reviewed on a case-by-case basis under the EPSDT Special Provision.

NOTE: EPSDT Special Provision

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is a federal Medicaid requirement that requires the Connecticut Medical Assistance Program (CMAP) to cover services, products, or procedures for Medicaid enrollees under 21 years of age where the service or good is medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition identified through a screening examination. The applicable definition of medical necessity is set forth in Conn. Gen. Stat. Section 17b-259b (2011) [ref. CMAP Provider Bulletin PB 2011-36].

PROCEDURE

Prior authorization of donor breast milk is required every 30 days until the infant reaches 1 year of age. Requests for donor breast milk coverage will be reviewed per procedures in place for reviewing requests for medical supplies. Coverage determinations will be based upon a review of requested and/or submitted case-specific information.

Note: a prior authorization does not guarantee available donor milk supply. There may be situations where donor milk supply is not available, available in limited quantities or only available for a short interim period as specified by the milk bank. The human milk bank will place limits on orders and/or triage patients based on level of need as supplies are limited.

The following information is needed to review requests for donor breast milk:

1. Fully completed State of Connecticut, Department of Social Services Donor Breast Milk Prior Authorization Request Form completed by the licensed practitioner;
2. Prescription from a physician (MD, DO) or advanced practice provider (physician assistant [PA], advanced practice registered nurse [APRN], or certified nurse midwife [CNM]);
3. Documentation supporting medical necessity as outlined in the *Clinical Guidelines* section of this policy;

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4. Documentation supporting the quantity (# of 100 ml bottles) requested; and
5. Other information as requested by CHNCT.

Prior Authorization and Pricing Procedure

1. Prior to supplying a HUSKY Health Program member with donor human breast milk, a completed Supplemental Outpatient Donor Breast Milk Prior Authorization Request Form including all pertinent clinical information must be submitted to Community Health Network of Connecticut, Inc. (CHNCT)
2. CHNCT will review the request for medical necessity, and if approved, an initial approval letter will be issued to the member, the ordering provider, and the Milk Bank. The initial approval letter will include a negotiated price of \$0.01 to allow the authorization to transfer to the Connecticut DSS claims payment vendor.
3. Prior to submitting any claims for reimbursement, the Milk Bank will need to fax a monthly invoice to CHNCT. The invoice should be itemized by date, the number of bottles shipped and the shipping cost for that date of service.
4. Upon receipt of the monthly invoice, CHNCT will update the negotiated price in the existing authorization with the total monthly charges. The Milk Bank will receive an approval letter by fax (within two business days) with the updated negotiated price. Once the approval letter is received, claims may be submitted to the DSS claims payment vendor, Gainwell Technologies, for reimbursement.
5. The Milk Bank will continue to submit monthly invoices and the total monthly charges will continue to be added to the existing negotiated price on the authorization. The negotiated price on the authorization will increase each month. At the end of the authorized timeframe the negotiated price on the authorization will reflect the total charges of all the bottles shipped to the member and the associated shipping charges.

EFFECTIVE DATE

This policy is effective for prior authorization requests for donor breast milk for individuals covered under the HUSKY Health Program on or after April 01, 2024.

LIMITATIONS

- Donor breast milk is not covered under the HUSKY B Program.
- Coverage of supplemental outpatient donor breast milk is limited to infants 12 months of age and younger. See *Clinical Guideline* section of this policy for information related to EPSDT.

HCPCS CODE:

Code	Description
T2101	Human breast milk processing, storage and distribution only

DEFINITIONS

1. **HUSKY A:** Connecticut children and their parents or a relative caregiver; and pregnant women may qualify for HUSKY A (also known as Medicaid). Income limits apply.

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2. **HUSKY B:** Uninsured children under the age of 19 in higher income households may be eligible for HUSKY B (also known as the Children's Health Insurance Program) depending on their family income level. Family cost-sharing may apply.
3. **HUSKY C:** Connecticut residents who are age 65 or older or residents who are ages 18-64 and who are blind, or have another disability, may qualify for Medicaid coverage under HUSKY C (this includes Medicaid for Employees with Disabilities (MED-Connect), if working). Income and asset limits apply.
4. **HUSKY D:** Connecticut residents who are ages 19-64 without dependent children and who: (1) do not qualify for HUSKY A; (2) do not receive Medicare; and (3) are not pregnant, may qualify for HUSKY D (also known as Medicaid for the Lowest-Income populations).
5. **HUSKY Health Program:** The HUSKY A, HUSKY B, HUSKY C, HUSKY D and HUSKY Limited Benefit programs, collectively.
6. **HUSKY Limited Benefit Program or HUSKY, LBP:** Connecticut's implementation of limited health insurance coverage under Medicaid for individuals with tuberculosis or for family planning purposes and such coverage is substantially less than the full Medicaid coverage.
7. **Medically Necessary or Medical Necessity:** (as defined in Connecticut General Statutes § 17b-259b) Those health services required to prevent, identify, diagnose, treat, rehabilitate or ameliorate an individual's medical condition, including mental illness, or its effects, in order to attain or maintain the individual's achievable health and independent functioning provided such services are: (1) Consistent with generally-accepted standards of medical practice that are defined as standards that are based on (A) credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community, (B) recommendations of a physician-specialty society, (C) the views of physicians practicing in relevant clinical areas, and (D) any other relevant factors; (2) clinically appropriate in terms of type, frequency, timing, site, extent and duration and considered effective for the individual's illness, injury or disease; (3) not primarily for the convenience of the individual, the individual's health care provider or other health care providers; (4) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the individual's illness, injury or disease; and (5) based on an assessment of the individual and his or her medical condition.
8. **Prior Authorization:** A process for approving covered services prior to the delivery of the service or initiation of the plan of care based on a determination by CHNCT as to whether the requested service is medically necessary.

ADDITIONAL RESOURCES AND REFERENCES:

- Human Milk Banking Association of North America. HMBANA Standards for Donor Human Milk Banking: An Overview. Public Version 1.0. September 2020. Available at: https://www.hmbana.org/file_download/inline/95a0362a-c9f4-4f15-b9ab-cf8cf7b7b866. Accessed on April 21, 2023.
- Maternal, newborn, child and adolescent health: guidelines on optimal feeding of low birth-weight infants in low- and middle-income countries. Geneva: World Health Organization; 2011. Available at: <https://www.who.int/publications/i/item/9789241548366>. Accessed on April 21, 2023.
- Regulations of Connecticut State Agencies. Section 17b-262-716(c). Coverage of outpatient human donor breast milk for infants (0-12 months of age) under Connecticut Medical Assistance Program (CMAP). Dated April 1, 2024.
- DSS Provider Bulletin 2024-25: Coverage of Outpatient Human Donor Breast Milk, dated April 2024.

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PUBLICATION HISTORY

Status	Date	Action Taken
Original Publication	April 2024	Approved at the April 10, 2024, CHNCT Medical Reviewer meeting. Approved by the CHNCT Clinical Quality Subcommittee on June 17, 2024. Approved by DSS on June 26, 2024.

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