



Connecticut Medical Assistance Program
Policy Transmittal 2024-10

Andrea Barton Reeves, J.D., Commissioner

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Effective Date: April 1, 2024
Contact: catherine.holt@ct.gov

TO: Physicians, Physician Assistants (PAs), Advance Practice Registered Nurses (APRNs) and Medical Equipment, Devices and Supplies (MEDS) Providers

RE: Coverage of Outpatient Human Donor Breast Milk

Effective for dates of service April 1, 2024, and forward, the Department of Social Services (DSS), in accordance with section 17b-277c of the Connecticut General Statutes, will add coverage of outpatient human donor breast milk for infants (0-12 months of age) under Connecticut Medical Assistance Program (CMAP).

Eligible Members and Clinical Criteria

With prior authorization (PA), outpatient human donor breast milk (donor milk) may be considered medically necessary for **infants**, age 0-12 months of age, who are active on CMAP when the infant meets the clinical criteria as established by DSS. ***Coverage for donor breast milk is not available to infants covered under HUSKY B.***

As specified by Section 17b-277c, DSS has amended Section 17b-262-716 of the Regulations of Connecticut State Agencies, to establish the specific criteria for the medical necessity of donor breast milk. This criteria includes but is not limited to time limits and health conditions.

Attention licensed practitioners: Due to the limited supply of donor milk, it is imperative for licensed practitioners to utilize the clinical criteria to identify which infants for whom a PA should be submitted for determination of coverage of outpatient donor milk. Additionally, licensed practitioners ordering donor milk must be aware that while the licensed practitioner will provide an amount of donor milk requested on the order/PA form, **the donor milk bank will determine the**

amount and duration of supplemental donor milk that can be provided based on supply levels.

Eligible Providers

Human milk banks accredited by the Human Milk Banking Association of North America (HMBANA) will be eligible to enroll as a medical surgical supplier with the Connecticut Medical Assistance Program (CMAP) to supply outpatient donor milk.

Consistent with federal requirements for all covered services under Medicaid, the milk bank **MUST** be enrolled for the service to be eligible for reimbursement. **DSS cannot reimburse individuals, milk banks or other entities that are not enrolled with CMAP.** DSS will only reimburse enrolled milk banks for the provision of outpatient donor milk and not any other provider type.

Prior Authorization

Outpatient donor milk requires PA, which must be initiated by the licensed, ordering practitioner.

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.**

To obtain prior authorization, the enrolled provider must fax a prior authorization form to the Department's Administrative Services

Organization (ASO), Community Health Network of Connecticut (CHNCT), at the following number: (203) 265-3994.

The Outpatient PA form can be found at www.portal.ct.gov/husky.

Click “Information for Providers,” “Prior Authorization,” then “Prior Authorization Forms & Manuals”.

Billing and Claims Submission:

Procedure code T2101 (Human Breast Milk Processing, Storage and Distribution) must be used when requesting PA and billing for outpatient donor milk. Procedure code T2101 will be manually priced and is located on the “MEDS – Medical/Surgical Supplies” fee schedule on the CMAP Web site.

The total reimbursement includes donor screening, testing, processing, and distribution. No payment is made for the donor milk itself or to any third party assisting in the transaction of supplying the donor milk.

Providers must submit claims electronically to Gainwell Technologies for the provision of outpatient donor milk.

Documentation Requirements for CMAP Enrolled Milk Banks

The enrolled donor milk bank must maintain documentation of the prescription/order for the donor milk, the PA form and delivery receipts (which may include a third-party tracking number/information) for a minimum of five years.

Accessing the Fee Schedules

The updated fee schedules can be accessed and downloaded by going to the CMAP Web site: www.ctdssmap.com. From this Web page, go to “Provider”, then to “Provider Fee Schedule Download”, scroll to the bottom of the page and click on “I Accept”, then select “MEDS – Medical/Surgical Supplies” fee schedule. To access the CSV file, press the control key while clicking the CSV link, then select “Open”.

Posting Instructions:

Policy transmittals can be downloaded from the CMAP Web site at www.ctdssmap.com.

Distribution:

This policy transmittal is being distributed to providers of the CMAP by Gainwell Technologies.

Responsible Unit:

DSS, Division of Health Services, Medical Policy, Catherine Holt, Health Policy Consultant, catherine.holt@ct.gov.

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Section 1. Section 17b-262-716 of the Regulations of Connecticut State Agencies is amended by adding subsection (c) as follows:

(NEW) (c) Medicaid Coverage for Donor Breast Milk.

(1) Pursuant to section 17b-277c of the Connecticut General Statutes, the department shall provide Medicaid coverage for pasteurized donor breast milk when determined medically necessary under section 17b-259b of the Connecticut General Statutes and in accordance with the provisions of this subsection.

(2) **Practitioner Order.** A licensed practitioner authorized by section 17b-277c of the Connecticut General Statutes shall issue a written order that documents that (A) donor breast milk is medically necessary for the infant, and (B) either (i) the infant is medically or physically unable to receive maternal breast milk or participate in breastfeeding due to maternal breast milk being unsuitable for infant consumption due to infectious disease, medication, or other maternal medical condition, or (ii) the infant's mother is unable to produce sufficient quantities of breast milk to satisfy the infant's nutritional requirements.

(3) **Birth Weight and Health Conditions.** The birth weight and health conditions that make the donor breast milk medically necessary for the infant may include, but are not limited to, one or more of the following:

- (A) Birth weight below 1500 grams;
- (B) Infant born at or below thirty-two weeks of gestation;
- (C) Presence of a congenital or acquired condition that increases the risk of development of a necrotizing enterocolitis;
- (D) Presence of an abdominal wall defect;
- (E) An immunological deficiency;

(F) Presence of congenital heart disease that requires a repair in the first year of life;

(G) The infant is an organ transplant recipient or on an organ transplant waiting list;

or

(H) Any other health condition not listed in this subdivision that is clinically determined by the department to make donor breast milk medically necessary.

(4) **Time Frame.** The infant may receive donor breast milk until the infant reaches six months of age, except (A) the infant may receive donor breast milk for up to two additional ninety day periods thereafter, provided a licensed practitioner provides documentation that the infant cannot meet his or her nutritional needs with the introduction of other forms of nutrition and the infant is not more than twelve months of age, and (B) donor breast milk for infants twelve months of age and older is covered only as Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) special services approved by the department on a case-by-case basis.

(5) **Prior Authorization.** Prior authorization shall be required for donor breast milk for an infant receiving donor breast milk under this subsection in accordance with the provisions of section 17b-262-718 of the Regulations of Connecticut State Agencies.

(6) **Provider Accreditation.** The billing provider shall (A) be enrolled with the department as a human breast milk bank in accordance with the department's enrollment requirements for the applicable provider type and specialty, and (B) obtain and maintain accreditation as a human breast milk bank from the Human Milk Banking Association of North America or another organization approved in writing by the department as qualified to accredit human breast milk banks.