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| SUBJECT Pasteurized Donor Human Milk Coverage Updates | BY  Sally A. Kozak, Deputy Secretary Office of Medical Assistance Programs | |

IMPORTANT REMINDER: All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISe to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at: <https://www.dhs.pa.gov/providers/Providers/Pages/PROMISe-Enrollment.aspx>.

PURPOSE:

The purpose of this bulletin is to advise enrolled Medical Assistance (MA) Program providers who prescribe and supply pasteurized donor human milk (PDHM) of changes in coverage conditions for PDHM and requirements for enrollment as a human milk bank.

SCOPE:

This MA bulletin applies to all physicians, certified registered nurse practitioners, certified nurse midwives, physician assistants, acute care general hospitals, and human milk banks enrolled in the MA Program.

BACKGROUND:

On August 7, 2017, the Department of Human Services (Department) issued MA Bulletin 01-17-31 et al., titled "Pasteurized Donor Human Milk," to advise providers of the coverage of PDHM and enrollment procedures for human milk banks (https://www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20MAP/c_264241.pdf). The Department advised providers of the prior authorization guidelines and requirements for coverage of PDHM, based on the clinical guidelines from American Academy of Pediatrics (AAP).

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Fee-for-service provider service center: 1-800-537-8862

Visit the Office of Medical Assistance Programs website at:

<https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Care%20for%20Providers/Contact-Information-for-Providers.aspx>

DISCUSSION:

PDHM continues to be beneficial for infants born prematurely, decreasing the risk for necrotizing enterocolitis. Additionally, infants with a wide range of congenital or acquired conditions can benefit from the use of PDHM. Act 32 of 2023 (P.L. 183, No. 32) (Act 32), enacted on November 21, 2023, updated the Human Services Code to identify conditions for MA Program coverage of PDHM for infants

(<https://www.legis.state.pa.us/cfdocs/legis/li/uconsCheck.cfm?yr=2023&sessInd=0&act=32>).

This MA Bulletin supersedes, in part, MA Bulletin 01-17-31 et. al to update the enrollment requirements and coverage conditions in inpatient and outpatient settings for PDHM to comply with Act 32. Any human milk bank licensed by the Department of Health may enroll in the MA Program. Enrollment is not limited to human milk banks certified by the Human Milk Banking Association of North America. In addition, prior authorization requests for PDHM will no longer be reviewed using the AAP clinical guidelines identified in “Donor Human Milk for the High-Risk Infant: Preparation, Safety, and Usage Options in the United States”. The Department is not otherwise changing payment or billing procedures.

PROCEDURE:

Enrollment of Human Milk Banks

To enroll and participate in the MA Program, a milk bank must be licensed by the Department of Health. Milk banks are enrolled in the MA Program as Provider Type 25 (Medical Supplier) / Provider Specialty 256 (Human Milk Bank).

MA Program Coverage of PDHM

The Department provides coverage of PDHM when an infant’s mother is medically or physically unable to provide maternal breast milk in sufficient quantities to meet the infant’s needs or if the maternal breast milk is contraindicated and an inpatient infant or outpatient infant has any of the health conditions listed below, demonstrating medical necessity.

Inpatient infant

PDHM is covered for an infant who is younger than twelve months of age based on the infant's corrected gestational age, who is receiving care in an inpatient setting and has any of the following health conditions:

- (1) An infant birth weight equal to or less than one thousand eight hundred grams.
- (2) An infant gestational age equal to or less than thirty-four weeks.
- (3) A high risk for development of necrotizing enterocolitis, bronchopulmonary dysplasia, sepsis or retinopathy of prematurity.
- (4) A congenital or acquired gastrointestinal condition or other serious medical condition associated with long-term feeding or malabsorption complications.
- (5) Congenital heart disease requiring surgery in the first year of life.

- (6) Has had or will have an organ or bone marrow transplant, or has an immunologic deficiency.
- (7) Renal disease requiring dialysis in the first year of life.
- (8) Infant hypoglycemia or jaundice.
- (9) Neonatal abstinence syndrome.
- (10) Any other health condition for which the use of PDHM is medically necessary as determined by the Department.

In the fee-for-service delivery system, MA payment for PDHM provided during the inpatient hospital stay is included in the All-Patient Refined Diagnosis Related Group payment to the hospital for the infant.

Outpatient infant

PDHM is covered for an infant who is younger than twelve months of age based on the infant's corrected gestational age, who is receiving care in an outpatient setting and has any of the following health conditions:

- (1) A congenital or acquired gastrointestinal condition or other serious medical condition associated with long-term feeding or malabsorption complications.
- (2) Congenital heart disease requiring surgery in the first year of life.
- (3) Has had or will have an organ or bone marrow transplant or has an immunologic deficiency.
- (4) A history of sepsis.
- (5) Renal disease requiring dialysis in the first year of life.
- (6) Any other health condition for which the use of PDHM is medically necessary as determined by the Department.

The Department will continue to require prior authorization for PDHM provided in the outpatient setting. Providers may request prior authorization by calling 1-800-537-8862 and following the prompts for Intensive Medical Case Management for the prior authorization. Refer to the MA Bulletin 01-17-31 for prescriber, beneficiary, and clinical information that will be needed to support the medical necessity of the request. Providers should refer to the PROMISe provider handbooks and billing guides for additional guidance about submitting a prior authorization request

https://www.dhs.pa.gov/providers/PROMISe_Guides/Pages/PROMISe-Handbooks.aspx).

MA payment for PDHM provided by MA enrolled human milk banks for an infant in the outpatient setting will continue to be covered through procedure code T2101 on the MA Program Fee Schedule. Providers may access the online version of the MA Program Fee Schedule, available on the Department's website at:

<https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Care%20for%20Providers/MA-Fee-Schedule.aspx>.

Providers who prescribe or provide PDHM for MA beneficiaries in the managed care delivery system should direct any questions regarding the prior authorization process or payment to the appropriate managed care organization.

SUPERSEDED BULLETIN:

This MA Bulletin supersedes, in part, MA Bulletin 01-17-31, et al.