

EVH Clinical Guideline 2731.CC for Human Donor Milk

Guideline Number: EVH_CG_2731.CC	<u>Applicable Codes</u>	
<i>"Evolent" refers to Evolent Health LLC and Evolent Specialty Services, Inc.</i> <i>© 2020 - 2025 Evolent. All rights Reserved.</i>		
Original Date: January 1, 2020	Last Revised Date: November 20, 2025	Implementation Date: December 1, 2025

TABLE OF CONTENTS

STATEMENT	2
GENERAL INFORMATION	2
INDICATIONS	2
LIMITATIONS	3
CODING AND STANDARDS	4
CODES	4
APPLICABLE LINES OF BUSINESS	4
BACKGROUND	4
POLICY HISTORY	4
LEGAL AND COMPLIANCE	5
GUIDELINE APPROVAL	5
Committee	5
DISCLAIMER	5
REFERENCES	6

STATEMENT

General Information

- *It is an expectation that all members receive care/services from a licensed clinician. All appropriate supporting documentation, including recent pertinent office visit notes, laboratory data, and results of any special testing must be provided. If applicable: All prior relevant imaging results and the reason that alternative imaging cannot be performed must be included in the documentation submitted.*
- *Where a specific clinical indication is not directly addressed in this guideline, medical necessity determination will be made based on widely accepted standard of care criteria. These criteria are supported by evidence-based or peer-reviewed sources such as medical literature, societal guidelines, and state/national recommendations.*
- *The guideline criteria in the following sections were developed utilizing evidence-based and peer-reviewed resources from medical publications and societal organization guidelines as well as from widely accepted standard of care, best practice recommendations.*

INDICATIONS

CountyCare considers pasteurized donated human breast milk medically necessary when:

- The milk is obtained from a human milk bank that meets quality guidelines established by the Human Milk Banking Association of North America or is licensed by the Department of Public Health and is enrolled as a provider in the Illinois Medical Assistance Program ⁽¹⁾
 - Includes human milk fortifiers designed to improve health outcomes for infants, particularly those who are critically ill or premature ⁽²⁾
- The infant's mother is medically or physically unable to produce maternal breast milk or produce it in sufficient quantities to meet the infant's needs, or the maternal breast milk is contraindicated ⁽¹⁾
- The milk has been determined medically necessary for the infant and the infant meets the specific requirements for based on his/her age

For an **infant under the age of six (6) months**, one or more of the following must apply ⁽¹⁾:

- The infant's birthweight is below 1,500 grams; **OR**
- The infant has a congenital or acquired condition that places the infant at a high risk for developing necrotizing enterocolitis; **OR**
- The infant has active treatment of hypoglycemia; **OR**
- The infant has congenital heart disease; **OR**
- The infant has had or will have an organ transplant; **OR**
- The infant has sepsis; **OR**

- The infant has any other serious congenital or acquired condition for which the use of donated breast milk is medically necessary and supports the treatment and recovery of the infant

For a **child six (6) months through twelve (12) months of age**, one or more of the following must apply ⁽¹⁾:

- The child has a diagnosis of spinal muscular atrophy; **OR**
- The child's birthweight was below 1,500 grams and he or she has long-term feed or gastrointestinal complications related to prematurity; **OR**
- The child has had or will have an organ transplant; **OR**
- The child has any other serious congenital or acquired condition for which the use of donated breast milk is medically necessary and supports the treatment and recovery of the child

For a **child twelve (12) months of age or older**, the following must apply ⁽¹⁾:

- The child has spinal muscular atrophy

LIMITATIONS

The following is applied to determine the appropriate amount of milk for the request:

- Primary: 25-35 ounces per day ⁽³⁾
 - Based on average daily milk consumption for infants ≤ 6 months old
- Supplemental: may vary

Form HFS 1305-N must be submitted with all requests ⁽⁴⁾

- The form must be completed in its entirety
- A new order is required every 6 months
- Reasons noted on the form for why the birth mother is unable to provide milk must be support by evidence-based reasons. This may include:
 - Medical condition of mother
 - Premature birth
 - Formula intolerance
 - Food allergies
 - Malabsorption syndromes
 - Immunologic deficiencies
 - Pre-or post-operative nutrition and immunologic support

CODING AND STANDARDS

Codes

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

Applicable Lines of Business

<input type="checkbox"/>	CHIP (Children's Health Insurance Program)
<input type="checkbox"/>	Commercial
<input type="checkbox"/>	Exchange/Marketplace
<input checked="" type="checkbox"/>	Medicaid
<input type="checkbox"/>	Medicare Advantage

BACKGROUND

Breast milk is the preferred nutrition for infants as recommended by the American Academy of Pediatrics ⁽⁵⁾. Pasteurized donor human milk is breast milk which has been donated to a Human Milk Banking Association of North America (HMBANA) member milk bank. Upon donation, it is screened, pooled, and tested so that it can be dispensed to hospitals and outpatient families for use by infants in need. All donor mothers require screening and approval, and all donor milk is logged and monitored. Pasteurization eliminates harmful bacteria or other potential infecting organisms.

POLICY HISTORY

Date	Summary
November 20, 2025	<ul style="list-style-type: none"> This guideline replaces PA.237.CC Human Donor Milk Annual Review - Editorial changes to match the formatting and layout of the new template; added in-text citations; replaced outdated References with updated References

LEGAL AND COMPLIANCE

Guideline Approval

Committee

Reviewed / Approved by Evolent Administrative Services Medical Policy Committee

Disclaimer

Evolent Clinical Guidelines do not constitute medical advice. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Evolent uses Clinical Guidelines in accordance with its contractual obligations to provide utilization management. Coverage for services varies for individual members according to the terms of their health care coverage or government program. Individual members' health care coverage may not utilize some Evolent Clinical Guidelines. Evolent clinical guidelines contain guidance that requires prior authorization and service limitations. A list of procedure codes, services or drugs may not be all inclusive and does not imply that a service or drug is a covered or non-covered service or drug. Evolent reserves the right to review and update this Clinical Guideline in its sole discretion. Notice of any changes shall be provided as required by applicable provider agreements and laws or regulations. Members should contact their Plan customer service representative for specific coverage information.

This guideline is the proprietary information of Evolent. Any sale, copying, or dissemination of said policies is prohibited.

REFERENCES

1. Department of Healthcare and Family Services. *Provider Notice RE: Coverage of Human Donor Breast Milk*.
<https://hfs.illinois.gov/medicalproviders/notices/notice.prn201117a.html>; 2020
2. Daniels S, Corkins M, de Ferranti S, et al. Donor Human Milk for the High-Risk Infant: Preparation, Safety, and Usage Options in the United States. *Pediatrics*. 2017;139(1). doi:10.1542/peds.2016-3440
3. Cleveland Clinic. Feeding Your Baby: The First Year. Cleveland Clinic Health Library. September 13, 2023. Accessed October 28, 2025.
<https://my.clevelandclinic.org/health/articles/9693-feeding-your-baby-the-first-year>
4. Department of Healthcare and Family Services. Questionnaire for Human Donor Milk. *HFS 1305 (N-7-20)*.
<https://hfs.illinois.gov/info/brochures-and-forms/medicalformsnumeric.html>
5. Meek JY, Noble L. Policy Statement: Breastfeeding and the Use of Human Milk. *Pediatrics*. 2022;150(1). doi:10.1542/peds.2022-057988