



POLICY AND PROCEDURE MANUAL

Policy Number: PA.237
Last Review Date: 11/21/2024
Effective Date: 12/01/2024

PA.237.CC Human Donor Milk

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.
- 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.
- 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:

- 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:

- 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

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- 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:

- 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
- Supplemental: may vary

Form HFS 1305-N must be submitted with all requests.

- 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

Background

Breast milk is the preferred nutrition for infants as recommended by the American Academy of Pediatrics. 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.

Codes

CPT/HCPCS Codes	
Code	Description
T2101	Human breast milk processing, storage and distribution only

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References

1. American Academy of Pediatrics. (2012). Breastfeeding and the use of human milk. *Pediatrics*, 129(3), e827-841. doi: 10.1542/peds.2011-3552. Dated: March 1, 2012.
<https://pediatrics.aappublications.org/content/129/3/e827>
2. American Academy of Pediatrics. (2017). Donor human milk for the high-risk infant: Preparation, safety, and usage options in the United States. *Pediatrics*, 139(1). doi: 10.1542/peds.2016-3440.
<https://pubmed.ncbi.nlm.nih.gov/27994111/>
3. Department of Healthcare and Family Services, State of Illinois. HFS 1305 (N-7-20): Questionnaire for Human Donor Milk.
<https://www.aetnabetterhealth.com/content/dam/aetna/medicaid/illinois/providers/pdf/IL%20Human%20Donor%20Milk%20Form.pdf>
4. Department of Healthcare and Family Services, State of Illinois. Provider Notice: Coverage of Human Donor Breast Milk. Issued 11/17/2020.
<https://hfs.illinois.gov/medicalproviders/notices/notice.prn201117a.html>
5. Human Milk Banking Association of North America.
<https://www.hmbana.org/>
6. Public Act 101-0511HB 3509 Human Breast Milk Coverage
<https://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=101-0511>

Disclaimer

CountyCare medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of CountyCare and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

CountyCare reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

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