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: http://www.dhs.pa.gov/provider/promise/enrollmentinformation/S_001994.

PURPOSE:

The purpose of this bulletin is to inform providers of the:
- Coverage conditions for pasteurized donor human milk (PDHM)
- Procedures for a human milk bank to enroll in the Medical Assistance (MA) Program
- Procedures for requesting prior authorization and submitting claims for PDHM

SCOPE:

This bulletin applies to MA Program enrolled acute care general hospitals, physicians, Certified Registered Nurse Practitioners, Certified Nurse Midwives and human milk banks. MA Program enrolled providers who prescribe or provide PDHM for MA beneficiaries in the managed care delivery system should direct any coding or payment questions to the appropriate managed care organization.

BACKGROUND/DISCUSSION:

Mother’s own milk is the best feeding option for newborn infants, especially those born prematurely, with low or very low birth weight, and/or those who are at risk for certain intestinal diseases, particularly necrotizing enterocolitis (NEC). NEC attacks and kills the intestinal...
tissue, notably in preterm infants with compromised immune systems. Early intervention is critical to prevent serious intestinal damage that could permanently damage an infant’s health.¹

When mother’s own milk is not available, PDHM can be beneficial for high-risk infants.² The Human Milk Banking Association of North America (HMBANA) is a professional association that establishes and maintains rigorous guidelines for the operation of human milk banks throughout North America. Banked PDHM is pasteurized to remove pathogens and frozen for storage and shipping. Donors are carefully screened and blood-tested to ensure they are healthy and their milk is free from any chemical, disease or substance that could be injurious to the infant.³

PROCEDURE:

Enrollment of Human Milk Banks

A human milk bank that meets MA participation requirements may enroll in the MA Program as a medical supplier. The Department of Human Services (Department) developed a new specialty designation specifically for human milk banks. Human milk banks will be enrolled as medical suppliers (Provider Type 25) as follows:

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Specialty Code</th>
<th>Specialty Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
<td>256</td>
<td>Human Milk Bank</td>
</tr>
</tbody>
</table>

The human milk banks must be certified by HMBANA and maintain certification in order to enroll and participate in the MA Program. Information on how to complete and submit an enrollment application is available on the Department’s website at: [http://www.dhs.pa.gov/provider/promise/enrollmentinformation/S_001994](http://www.dhs.pa.gov/provider/promise/enrollmentinformation/S_001994).

A human milk bank may submit an online provider enrollment application using the Department’s secure web portal or download a paper application and submit it with the required supporting documentation, to include a copy of their most recent HMBANA certificate, by mail, e-mail or fax following the instructions on the application. As part of the enrollment process, all providers must complete the required screening prior to enrollment in the MA Program.

MA Payment for Pasteurized Donor Human Milk

The Department added procedure code T2101 to the MA Program Outpatient Fee Schedule as part of the Department’s 2017 Healthcare Common Procedure Coding System

² Ibid.
update. See MA bulletin 99-17-08. Effective with dates of service on and after August 7, 2017, the Department will pay for PDHM as follows:

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
<th>Provider Type</th>
<th>Provider Specialty</th>
<th>Place of Service</th>
<th>MA Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>T2101</td>
<td>Human breast milk processing, storage</td>
<td>25</td>
<td>256</td>
<td>11, 12</td>
<td>$3.00/oz.</td>
</tr>
<tr>
<td></td>
<td>and distribution only</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Providers may access the on-line version of the MA Fee Schedule on the Department’s website at: [http://dhs.pa.gov/publications/forproviders/schedules/outpatientfeeschedule/index.htm](http://dhs.pa.gov/publications/forproviders/schedules/outpatientfeeschedule/index.htm).

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 MA infant.

**Prior Authorization Requirements**

The Department will require prior authorization for PDHM. Prior to an infant’s discharge from the inpatient hospital setting, the prescriber should coordinate with the hospital nurse case manager or discharge planner to facilitate the prior authorization process before the child leaves the hospital.

Prior authorization requests for PDHM will be reviewed using the American Academy of Pediatrics’ (AAP) most recent clinical guidelines identified in “Donor Human Milk for the High-Risk Infant: Preparation, Safety, and Usage Options in the United States” ([http://pediatrics.aappublications.org/content/pediatrics/139/1/e20163440.full.pdf](http://pediatrics.aappublications.org/content/pediatrics/139/1/e20163440.full.pdf)).

Prescribers may request prior authorization by calling 1-800-537-8862 and following the prompts for Intense Medical Case Management Prior Authorization. Phone line hours of operation are Monday through Friday, 8:00 am to 4:30 pm.

During the call, the prescriber will be asked to provide the following information:

- Prescriber’s Medical Assistance Identification (MAID) number and/or National Provider Identifier (NPI) number
- Rendering provider’s or facility’s MAID number and/or NPI number
- Beneficiary’s name and Recipient Identification number
- Procedure code for the requested service (T2101)
- Diagnosis code(s)
- An order/prescription for an infant formula to use in place of PDHM, in the event that PDHM is unavailable

The prescriber will also be asked to provide clinical information to support the medical necessity of the requested service, which includes:
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- Symptoms and their duration
- Physical examination findings
- Actions previously taken to determine the beneficiary’s diagnosis
- Treatments that the beneficiary received
- Reason the service is being requested
- Infant’s weight at birth
- Infant’s current weight

The prescriber must fax the supporting documentation to the Bureau of Fee-for-Service Programs, Division of Intense Medical Case Management at 1-717-265-8288. Supporting documentation includes, but is not limited to:

- Clinical notes
- Specialist reports or evaluations
- Reports from previously completed diagnostic procedures (e.g. documentation of intolerance to specialized infant formulas).

**Department Review and Notification of Decision**

The Department will use the most recent AAP clinical guidelines to assess the medical necessity for the requested service. If the Department’s nurse reviewer determines that the requested service meets the clinical guidelines, the Department’s nurse reviewer will approve the request. If the Department’s nurse reviewer determines that the prior authorization request does not meet AAP clinical guidelines, or is unable to determine whether the prior authorization request meets AAP clinical guidelines, the request will be referred to a physician reviewer for a medical necessity determination. Such a request for prior authorization may be approved when, in the professional judgment of the physician reviewer, the PDHM is medically necessary to meet the needs of the beneficiary.

The Department will make a decision on the prior authorization request within two business days of receiving all information needed to make a decision regarding the medical necessity of the service. A decision may be made during the call, if sufficient information is provided at that time. If the Department requests additional information and the additional information is not received by the 15th day from the date of the initial request, the Department will deny the request for lack of sufficient information.

The Department will issue a written Notice of Decision to the beneficiary, the prescriber and the rendering provider. If the Department determines that a prior authorization request is denied or approved other than as requested, the beneficiary has the right to appeal the Department’s decision within thirty days from the date on the notice by submitting an appeal in writing to the address listed on the notice.