

OHCA Guideline

Medical Procedure Class:	Human Donor Breast Milk
Initial Implementation Date:	11/4/2022
Last Review Date:	8/15/2025
Effective Date:	11/1/2025
Next Review/Revision Date:	November 2028
<p>* This document is not a contract, and these guidelines do not reflect or represent every conceived situation. Although all items contained in these guidelines may be met, this does not reflect or imply any responsibility of this agency or department to change the plan provision to include the stated service as an eligible benefit.</p>	
<input type="checkbox"/> New Criteria <input checked="" type="checkbox"/> Revision of Existing Criteria	
Summary	
Purpose:	To provide guidelines to assure medical necessity and consistency in the prior authorization process.
Description	
<p>The benefits of breastfeeding are well established, and breastfeeding is strongly recommended by healthcare professionals and the U.S. Department of Health and Human Services. Human milk is especially important for premature or sick babies. In some situations (such as foster care, adoption, or mother's physical/psychological condition, etc.,) these infants may not be able to receive their own mother's breastmilk. In such cases, donor human milk is made available through facilities accredited through the Human Milk Banking Association of North America (HMBANA).</p>	
HCPCS Code Covered Requiring Prior Authorization (PA)	
T2101 - Human Breast Milk processing, storage and distribution only One unit = One ounce of donor human breast milk	
Approval Criteria	
<p>Human Donor Breast Milk will be considered medically necessary when <u>all</u> of the following criteria apply (1-6):</p> <ol style="list-style-type: none"> The infant has <u>one or more</u> of the following conditions (a-h): <ol style="list-style-type: none"> Infant born at Very Low Birth Weight (VLBW) (less than 1,500 grams) or lower; or Gastrointestinal anomaly, metabolic/digestive disorder, or recovery from intestinal surgery where digestive needs require additional support; or Diagnosed failure to thrive; or Formula intolerance with either 1) documented feeding difficulty or 2) weight loss; or Infant hypoglycemia; or Congenital heart disease; or Pre or post organ transplant; or Other serious health conditions where the use of breast donor milk is medically necessary and will support the treatment and recovery of the infant. Other feeding options have been exhausted or are contraindicated; <u>and</u> Baby's biological mother's milk is contraindicated, unavailable due to medical or psychosocial condition, or mother's milk is available but is insufficient in quantity or quality to meet the infant's dietary needs; <u>and</u> Breast donor milk must be procured through a Human Breast Milk Banking Association of North America (HMBANA) entity and delivered through a contracted provider, facility, or the supplier (HMBANA-accredited milk bank); <u>and</u> 	

5. Requests for coverage over 35 ounces per day, per infant, shall require review by an OHCA Medical Director; **and**
6. Coverage shall be extended for as long as medically necessary, but not to exceed 12 months of age; **and**
7. Prior authorization will be required every ninety (90) days.

NOTE: A Donor Human Breast Milk Request Form (OHCA form HCA-68) must be completed and attached to the prior authorization request for consideration of coverage.

*Requests outside of these coverage guidelines will require review by an OHCA Medical Director.

References

1. Oklahoma Health Care Authority, OAC 317:30-3-1 and 30-5-211.9
2. Human Milk Banking Association of North America; www.hmbana.org