

### Letter of Direction #14

**Date:** August 5, 2024

**To:** Turquoise Care Managed Care Organizations

From: Dana Flannery, Director, Medical Assistance Division

**Subject:** Human Donor Milk Outpatient Implementation

Title: Human Donor Milk Billing and Guidance in Outpatient Setting

The purpose of this letter of direction is to provide the Turquoise Care Managed Care Organizations (MCOs) with information on implementation of and reimbursement for Pasteurized Human Donor Milk (PHDM) to increase availability to high-risk Medicaid eligible infants up to 12 months old effective July 1, 2024.

The MCOs will reimburse a Medical Supply Company (provider type 414) with a specialty 208 who is certified by, and adheres to, quality guidelines consistent with the Human Milk Bank Association of North America.

### 1. Provider Eligibility Requirements:

- a. Provider **must** be enrolled with New Mexico Medicaid as:
  - i. Provider Type 414, Medical Supply Company, and
  - ii. With specialty 208, Human Donor Milk Supplier (HDMS).
- a. Applicants will provide HCA/MAD with the following:
  - i. Business license,
  - ii. If non-profit organization, IRS non-profit organization IRS determination letter
  - iii. Proof of malpractice, professional liability, or medical liability insurance,
  - iv. Federal tax identification letter,
  - v. Completed W-9 form, and
  - vi. Human Milk Banking Association of North America (HMBANA) certification.
- 2. MCO Member Eligibility requirements: (Eligibility must be documented in the eligible infant's medical record.)

- a. High-risk Medicaid eligible infants,
- b. Infant up to 12-months old,
- c. The mother is unable to breastfeed due to medical reasons (i.e., maternal complications at delivery, Medical Maternal/Child separation, adoption, multiple gestations, low milk supply, bridge supply 40 oz per mother's request),
- d. Have a documented birth weight of less than 2500 grams, and
- e. Have a congenital **or** acquired condition that places the infant at a high risk of developing necrotizing enterocolitis (NEC) **and/or** infection; **or** have one or more of the following qualifying conditions:
  - i. Pre-term,
  - ii. Failure to thrive,
  - iii. Abnormal weight loss,
  - iv. Hypoglycemia,
  - v. Hyperbilirubinemia,
  - vi. Intrauterine growth restriction, or
  - vii. Documented intolerance to all formulas.

#### 3. Prior Authorization: No

## 4. Billing:

- a. The Medical Supply Company will bill and be paid for PHDM as an outpatient service.
- b. The claim will be submitted using the infant's billing information and appropriate procedure codes listed in Table 1.
- c. Taxonomy: 32BP3500X-Parenteral & Enteral Nutrition

Table 1: Human Donor Milk & Supplies Procedure Codes

<b>Procedure Code</b>	Description
T2101	BREAST MILK PROC/STORE/DIST
Supplies	
E0602	BREAST PUMP, MANUAL, ANY TYPE
E0603	BREAST PUMP, ELECTRIC (AC AND/OR DC), ANY TYPE
A4281	TUBING FOR BREAST PUMP, REPLACEMENT
A4282	ADAPTER FOR BREAST PUMP, REPLACEMENT
A4283	CAP FOR BREAST PUMP BOTTLE, REPLACEMENT
A4284	BREAST SHIELD AND SPLASH PROTECTOR FOR USE WITH BREAST PUMP, REPLACEMENT
A4285	POLYCARBONATE BOTTLE FOR USE WITH BREAST PUMP, REPLACEMENT
A4286	LOCKING RING FOR BREAST PUMP, REPLACEMENT
A4287	DISPOSABLE COLLECTION AND STPRAGE BAG FOR BREAST MILK, ANY SIZE, EACH
A9999	SUPPLEMENT NURING SYSTEM (SNS) w/modifier U1

d. The reimbursement rates are found at <u>Fee for Service | New Mexico Human Services Department (state.nm.us).</u>

# 5. Submitting a claim for PHDM:

The MCOs will allow providers who have met the requirements listed above and provided PHDM to Medicaid eligible infants within dates of service July 1, 2024, to the present to submit a claim for the PHDM and avoid timely filing denials. MCOs will allow providers 90 days from the date on LOD to submit a claim and avoid a timely filing denial.

This LOD will sunset in the New Mexico Administrative Code (NMAC) 8.308.9 Managed Care Program.