



State of New Mexico
Medical Assistance Program Manual
Supplement



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NUMBER: 24-10

TO: DME PROVIDERS AND HUMAN DONOR MILK SUPPLIERS

FROM: DANA FLANNERY, MEDICAL ASSISTANCE DIVISION

THROUGH: ALANNA DANCIS, DNP, CHIEF MEDICAL OFFICER

SUBJECT: HUMAN DONOR MILK BILLING AND GUIDANCE IN OUTPATIENT SETTING

The New Mexico Health Care Authority, Medical Assistance Division (HCA/MAD) is issuing this Supplement to implement reimbursement for Pasteurized Human Donor Milk (PHDM) to increase access to high-risk Medicaid eligible infants up to twelve (12) months old, effective July 1, 2024.

HCA/MAD will reimburse a provider who is certified and adheres to quality guidelines consistent with the Human Milk Bank Association of North America (HMBANA).

1. Provider Eligibility Requirements:

- a. Provider **must** be enrolled with New Mexico Medicaid as
 - i. Provider Type 414: Medical Supply/Durable Medical Equipment (DME); and
 - ii. With Specialty Code 208: Human Donor Milk Supplier (HDMS).
- b. Applicants will provide HCA/MAD with the following
 - i. City or County Business License;
 - ii. If non-profit organization: IRS non-profit Organization letter;
 - iii. Proof of malpractice, professional liability, or medical liability insurance;
 - iv. Federal tax identification letter;
 - v. Completed W-9 form; and
 - vi. HMBANA certification.

2. Medicaid Eligible Recipient Requirements: (Eligibility must be documented in the eligible infant’s medical record)

- a. High-risk Medicaid eligible infants;
- b. Infant up to twelve (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 – forty (40) oz per mother’s request);
- d. Have a documented birth weight of less than twenty-five hundred (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
- vii. Documented intolerance to all formulas

3. Prior Authorization: Not Required

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 below.
- c. Taxonomy Code: 32BP3500X-Parenteral & Enteral Nutrition

Table 1: Human Donor Milk & Supplies Procedure Codes

Procedure Code	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 STORAGE BAG FOR BREAST MILK, ANY SIZE, EACH
A9999	SUPPLEMENT NURSING SYSTEM (SNS) w/modifier U1

- d. The reimbursement rates are found at <https://www.hsd.state.nm.us/providers/fee-for-service/>.

5. HCA/MAD will allow providers to submit claims who have met the requirements listed above and provided PHDM to Medicaid eligible infants within dates of service July 1, 2024, to the present and avoid timely filing denials. HCA/MAD will allow providers ninety (90) days from the date on this Supplement to submit a claim and avoid a timely filing denial.

For questions regarding this guidance, please contact the Medical Assistance Division, Benefits and Reimbursement Bureau at MADInfo.HSD@hca.nm.gov.