



**Louisiana Department of Health
Informational Bulletin 21-01
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Donor Human Milk

Effective for dates of service on and after August 20, 2020, Louisiana Medicaid covers donor human milk in the inpatient hospital setting. Reimbursement for donor human milk is made separately from the hospital payment for inpatient services. A prior authorization is not required for reimbursement. Hospitals will be reimbursed using procedure code T2021 for donor human milk (1 unit per ounce of milk). The reimbursement for the donor human milk is equal to the fee on the Durable Medical Equipment (DME) fee schedule on the corresponding date of service.

Hospitals shall bill the donor human milk claim using the HCPCS procedure code T2101 on a CMS 1500 claim form. For fee-for-service claims, if the hospital bills electronically, the 837P must be used with the DME file extension. If the hospital bills a hard copy claim, the claim must be submitted with the word "DME" written in bold, black print on the top of the form.

For managed care claims, hospital providers are to follow the billing instructions of the MCO.

Donor human milk is considered medically necessary when all of the following criteria are met:

- The hospitalized infant is less than 12 months of age with one or more of the following conditions:
 - Prematurity;
 - Malabsorption syndrome;
 - Feeding intolerance;
 - Immunologic deficiency;
 - Congenital heart disease or other congenital anomalies;
 - Other congenital or acquired condition that places the infant at high risk of developing necrotizing enterocolitis (NEC) and/or infection; and

- The infant's caregiver is medically or physically unable to produce breast milk at all or in sufficient quantities, is unable to participate in breastfeeding despite optimal lactation

support, or has a contraindication to breastfeeding; and

- The infant's caregiver has received education on donor human milk, including the risks and benefits, and agrees to the provision of donor human milk to their infant; and
- The donor human milk is obtained from a milk bank accredited by, and in good standing with, the Human Milk Banking Association of North America.

The Louisiana Medicaid hospital manual will be updated with the policy regarding coverage of the donor human milk.

Billing questions regarding for fee for service claims should be directed to Gainwell Technologies Provider Relations staff at (800) 473-2783 or (225) 924-5040.

Managed care organizations (MCO) have been instructed to promptly update their systems to allow payment for the donor human milk on the CMS 1500 claim form for place of service 21 (inpatient hospital) and procedure code T2101. Additionally, the MCOs have been instructed to recycle all denied or incorrectly paid claims within 60 days and to notify providers of their process and plans for recycling denied claims.