

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance**



Subject: Medicaid Coverage to Promote Breast Feeding

Policy Number: HCPRA-1-2014

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Medicaid Coverage to Promote Breast Feeding

1. PURPOSE

The Department of Health Care Finance (DHCF) seeks to promote breastfeeding as the optimal way to feed infants eligible for the District’s Medicaid Program. Extensive research studies have documented many benefits of breastfeeding for both the nursing infant and mother. The US Preventive Services Task Force (USPSTF) specifically recommends coordinated interventions throughout pregnancy, birth, and infancy to increase breastfeeding initiation, duration and exclusivity. However, lactation services are not specifically mentioned in the Medicaid statute, Federal Medicaid regulations or the District of Columbia State Plan for Medical Assistance, but were addressed in policy guidance from the Centers for Medicare and Medicaid Servicesⁱ. The purpose of this policy is to clarify what lactation services are covered and how to bill for these services under the District’s Medicaid program.

2. APPLICABILITY

These policies and procedures apply to all Medicaid providers and managed care organizations. These policies and procedures do not apply to coverage or reimbursement for donated human milk provided in an inpatient setting. Donated human breast milk is not a covered benefit of the DC Health Care Alliance.

3. AUTHORITY

The Department of Health Care Finance Establishment Act of 2007, effective February 27, 2008 (D.C. Law 17-109); 8 U.S.C. § 1611(b) (1) (A), Social Security Act,

§§ 1905(a)(1), 1905(a)(2)(A), 1905(a)(4)(B), 1905(a)(5)(A), 1905(a)(17), 1905(a)(28), 1905(r), and 42 C.F.R. §§ 440.10, 440.60, 440.166, 440.230; the District of Columbia State Plan for Medical Assistance, Section 3.1.(a)(2)(iii).

4. DEFINITIONS

a. Early and Periodic Screening, Diagnostic and Treatment (EPSDT) is Medicaid’s comprehensive preventive child health benefit for infants, children, and adolescents, ages newborn through 20 years. Federal legislation requires states to make available to all Medicaid-eligible children under age 21 comprehensive periodic health assessments; dental, vision, and hearing services, and medically necessary follow-up diagnostic and treatment services. The program emphasizes prevention and primary care, early detection and early intervention, and necessary follow-up treatment.

b. HealthCheck is the District of Columbia’s EPSDT benefit for Medicaid-eligible children and teens, formerly known as the DC Well-Child Program or the Healthy Tots and Teens Program.

c. Medically Necessary – An EPSDT item or service can be defined as medically necessary if it will do, or is reasonably expected to do, one or more of the following: (a) arrive at a correct medical diagnosis; (b) prevent the onset of an illness, condition or injury or disability in the individual or in covered relatives, as appropriate; (c) reduce, correct, or ameliorate the physical, mental, developmental or behavioral effects of an illness, condition, injury or disability; (d) assist the individual to achieve or maintain sufficient functional capacity to perform age appropriate or developmentally appropriate daily activities. Medicaid covers EPSDT services or items that are deemed medically necessary.

5. POLICY

The following lactation services are covered by DHCF for Medicaid-eligible District residents who are enrolled in Medicaid managed care plans or receive Medicaid through fee-for-service providers.

a. Lactation Consultation, Education and Support

Lactation consultation, education and support are covered under the District’s Medicaid program as “pregnancy-related services.” Pregnancy-related services are defined as those that are necessary for the health of the pregnant woman and fetus, or that have become necessary as a result of the woman having been pregnant. States must provide coverage of pregnancy-related services during the woman’s pregnancy and for an extended postpartum period, defined as beginning on the last day of pregnancy and extending through the end of the month in which the 60-day period following termination of pregnancy ends.

- Lactation consultation, education and support are covered for Medicaid-eligible woman during the 60 day postpartum period. These services may be provided by a physician, a nurse practitioner, a nurse mid-wife or a certified

lactation consultant who is enrolled as a Medicaid provider.

- Lactation consultation services may be provided during an inpatient stay, in an outpatient clinic, physician’s office, clinic or freestanding birth center or in the home during the 60-day postpartum period.
- Lactation consultation, education and support include education on the proper use of a breast pump.
- To be enrolled as a Medicaid provider, a lactation consultant must demonstrate current certification by the International Board of Lactation Consultant Examiners (IBLCE).

b. Breast Pumps and Lactation Supplies

Breast pumps and lactation supplies are covered under the District’s Medicaid program for mothers of infants age 0 through 11 months as “durable medical equipment” when considered medically necessary. The following types of breast pumps are covered:

Type	Medical Necessity Criteria	Limitations	Billing Code
Hospital Grade Electric Breast Pump	When mothers and infants are separated due to illness, mother is unable to feed directly from the breast, congenital anomalies, prematurity, induced lactation, relactation, adoption or other medical conditions which preclude effective feeding at the breast.	Rental only	CPT Code E0604
Individual Electric Breast Pump	When mothers who need to maintain lactation are separated from their infant on a regular basis such as being employed.		CPT Code E0603
Manual Breast Pump	When mothers need to occasionally express their milk.		CPT Code E0602

Lactation supplies include up to two breast pump kits with tubing, valves, flanges and collection bottles, as well as nipple shields and supplemental lactation aides.

c. Donated Human Milk

1. DHCF will provide payment for donated human milk for Medicaid-eligible infants, age 0 through 11 months of age, provided *all* of the following criteria are met:

A. The requesting physician is the infant's treating physician and has documented medical necessity in accordance with Section 5.c.3. of this policy.

B. The requesting physician has addressed the benefits and risks of using donated human milk, such as HIV, freshness, effects of pasteurization, nutrients, and growth factors to the parent/guardian. The physician also must address donor screening, pasteurization, milk storage, and transport of the donated milk. The physician may obtain this information from the donor milk bank.

C. The parent or guardian has signed and dated an informed consent form indicating the risks and benefits of using banked donated human milk have been discussed with them.

D. The donated human milk bank has enrolled as a Medicaid Provider in the District of Columbia and is certified by the Human Milk Bank Association of North America or meets such other standards as may be adopted by DHCF.

2. These policies and procedures apply to all requests for Medicaid coverage for donated human milk in a home setting. This policy does not apply to coverage or reimbursement for donated human milk provided in an inpatient setting.¹ Donated human milk is not a covered benefit of the DC Health Care Alliance.

3. Documentation of Medical Necessity

A. A physician making an initial or continuing request for authorization for donated human breast milk must complete and submit a Donated Human Milk Request Form to DHCF for review and approval by DHCF.

B. A request for authorization must include documentation from the treating physician to support a finding that donated human breast milk is medically necessary for the intended recipient. The documentation must address all of the following criteria:

1. Why the particular infant cannot survive and grow as expected on any other formula (e.g., elemental, special, or routine formulas or food) or any enteral nutritional product other than donor human milk.

2. Why donated human milk must be used to correct or ameliorate a documented condition or defect.

3. That a clinical feeding trial of an appropriate nutritional product has occurred every 180 days. If the infant is too fragile for a feeding

¹ Hospital services are reimbursed by Diagnostic Related Groups (DRG).

trial, documentation *must* support the illness that makes the infant too fragile to test.

4. That the informed consent details for the parent or guardian the risks and benefits of using banked donated human milk.

C. A request for authorization for donated human milk must specify the quantity and time frame in the Quantity Requested field (e.g., cubic centimeters per day or ounces per month).

D. A request for authorization for donated human breast milk must be signed by the treating physician.

E. The donor milk bank providing the donated human milk must complete all fields in Part B of the original form and specify the quantity and time frame in the Quantity Provided field.

4. Record Keeping

A. Copies of the Donated Human Milk Request Form must be maintained in the infant's records of both the ordering physician and the providing milk bank.

B. The information submitted to establish that donated human breast milk is medically necessary *must* be substantiated by written documentation in the infant's clinical record maintained by the treating physician. The clinical records are subject to retrospective review by DHCF or its designee.

5. Duration of Authorization

A request for authorization for donated human breast milk must be completed and signed by the treating physician every 180 days and shall expire upon the infant's first birthday.

6. Claims Processing

Donated human milk is reimbursed only to a DHCF Medicaid-enrolled donor milk bank and only for infants in the home setting.

Providers must use procedure code T2101 to bill for donated human milk, per ounce. Donated human milk is reimbursed at \$3.30 per ounce.

6. RESPONSIBILITY

Questions regarding this policy should be directed to Colleen Sonosky, Associate Director, Division of Children's Health Services, Health Care Delivery Management Administration at 202-442-5913, or email colleen.sonosky@dc.gov.

Questions regarding Fee-For-Service claims submission should be directed to Provider Services at 202-906-8319 (inside DC metro area) or (866) 752-9233 (outside DC metro area).

Questions regarding Medicaid Managed Care practices should be directed to Lisa Truitt, Associate Director, Division of Managed Care, Health Care Delivery Management Administration at 202-442-9109 or email lisa.truitt@dc.gov

ⁱ See CMS, Medicaid Coverage of Lactation Services, http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/Lactation_Services_IssueBrief_01102012.pdf