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**CHAPTER 18: DURABLE MEDICAL EQUIPMENT**

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**Donor Human Milk**

Donor human milk is covered outpatient for use by medically vulnerable infants.

**Eligibility Criteria**

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

1. The beneficiary is less than 12 months of age with one or more of the following conditions:
  - a. Post-surgical nutrition;
  - b. Organ transplantation;
  - c. Renal disease;
  - d. Short gut syndrome;
  - e. Malabsorption syndrome;
  - f. Feeding or formula intolerance;
  - g. Failure to thrive;
  - h. Inborn errors of metabolism;
  - i. Immunologic disorders;
  - j. Congenital heart disease or other congenital anomalies; or
  - k. Neonatal abstinence syndrome.
2. The beneficiary'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; or the beneficiary is medically or physically unable to receive caregiver breast milk or participate in breastfeeding; and
3. The beneficiary's caregiver has received education on donor human milk, including the risks and benefits; and
4. A bank accredited by, and in good standing with, the Human Milk Banking Association of North America supplied the donor human milk.

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**Reimbursement**

Prescriptions for donor human milk must include the following:

1. Number of prescribed calories per ounce;
2. Total ounces prescribed per day;
3. Total number of weeks donor human milk is required;
4. Total allowable refills; and
5. Reason for prescribing donor human milk, including beneficiary's diagnoses.

Prior authorization is not required for donor human milk. Donor human milk is, however, subject to post payment medical review. The DME provider must submit a prescription containing all required documentation along with a hard copy claim to the department's fiscal intermediary. Failure to provide required documentation, or if the documentation submitted fails to establish medical necessity, will result in recoupment of the payment for the donor human milk.

Providers should review Chapter 25: Hospital Services Provider manual for policy regarding coverage of donor human milk in an inpatient hospital setting.

**Electric Breast Pump**

An electric breast pump is a mechanical device powered by batteries or electricity that nursing mothers use to extract milk from their breasts. Medicaid considers personal-use, double, electric breast pumps a coverable item for nursing mothers. A new breast pump is covered for every delivery.

Prior authorization is not required. This electric breast pump is, however, subject to post payment medical review. Providers must submit all required documentation along with a hard copy claim to the department's fiscal intermediary. Failure to provide required documentation, or if the documentation submitted fails to establish medical necessity, will result in recoupment of the payment for the device.

All of the following documentation is required:

1. A prescription from the prescribing physician for the electric breast pump;
2. Documentation of the child's date of birth;