Guideline

Members are eligible for coverage of Pasteurized Donor Human Breast Milk (PDHM) in the inpatient setting.

PDHM is covered for infants who:

- Have a documented birth weight of < 1500 grams (3.3 pounds); or
- Have a congenital or acquired condition that places high risk of developing necrotizing enterocolitis (NEC) and/or infection

Coverage of PDHM is for infants who meet the criteria outlined above and one or more of the following conditions:

- Are medically or physically unable to receive maternal breast milk or participate in breast feeding; or
- Are unable to participate in breast feeding despite optimal lactation support; or
- Are born to mothers whose breast milk isn't suitable for consumption due to the presence of certain substances or disease; or
- In cases where the mother is medically or physically unable to produce maternal breast milk at all or insufficient quantities

Limitations/Exclusions

- NYS tissue banking regulations require that PDHM be distributed only by tissue banks licensed by the NYS Department of Health and only with a written medical order. Of note, in order to provide medically fragile infants PDHM, a hospital must first have a tissue bank license from the NYS Department of Health that includes human milk. Information on how to obtain such license is available at: [https://www.wadsworth.org/regulatory/tissue-resources](https://www.wadsworth.org/regulatory/tissue-resources).
- Hospitals licensed to provide PDHM are required to bill using HCPCS code T2101
- Preauthorization is required
Hospital Billing

The PDHM Medicaid benefit will be captured as part of the Inpatient Diagnosis Related Group (DRG) payments using revenue code 220 with HCPCS T2101.

Revision History

4/12/2018 — removed Medicaid-only restriction

References