



Dear Healthcare Care Provider,

As a community based non-profit organization, Mid-Atlantic Mothers' Milk Bank exists for the benefit of the families and healthcare facilities of Pennsylvania, West Virginia, New Jersey, and Maryland. We are proud to be able to serve the families that are being cared for by your practice.

Whether an inpatient is going to be discharged and donor milk is still medically necessary, or a child being cared for at home is in need of donor milk to thrive, the milk bank can help. As a member of the Human Milk Banking Association of North America (hmbana.org), we are able to dispense donor milk to outpatients with a prescription documenting medical need.

Insurance Coverage

Medicaid and private insurance carriers may cover the cost of donor milk if there is a medical need. **Health insurance plans require the prescribing physician to contact the insurer to obtain an authorization number.** Without insurance authorization, the donor milk processing fee (\$29.33/200 ml bottle) is the responsibility of the family. The milk bank is a 501(c)(3) non-profit organization and all donors are volunteers who receive no compensation. We rely on milk processing fees to pay for the costs of donor bloodwork, milk testing (bacteria, drug, and nutrition), pasteurization, and bottles.

All orders require a prescription. Our prescription form is attached for your convenience.

Insurance providers considering a prior authorization request typically require:

- Current prescription
- Letter/statement of medical necessity. Attached, is a Letter of Medical Necessity Template.
- Relevant clinical documentation from the patient's file

For inpatients who will require milk on an outpatient basis, the case manager must request the prior authorization before the patient is discharged from your facility.

The following information may be helpful when contacting an insurer:

- Three Rivers Mothers' Milk Bank dba Mid-Atlantic Mothers' Milk Bank is a DME provider
- The HCPCS code for human breast milk processing, storage, and distribution is T2101
- The milk bank's NPI# is 1902267594 (Please make sure that the milk bank's NPI – not the prescriber's NPI – is linked to the authorization)

Please provide the milk bank with a copy of the information listed above, as well as any case or authorization numbers from the insurer.

For the Family

Please ask the family to complete the Client Registration, Payment Information, and Consent for Donor Milk Use forms. The milk bank will work with the family to set up their account and coordinate ordering.

Thank you for your help! Please contact Sara Vins Bobish, Business Manager, with any questions. Sara can be reached at 412-281-4400 ext. 111 or at svinsbobish@midatlanticmilkbank.org.



PRESCRIPTION FORM FOR PASTEURIZED HUMAN DONOR MILK

Child's Name: _____

DOB: _____ Today's Date: _____

Please provide _____ ounces/day of pasteurized Donor Human Milk for: _____ weeks _____ months (up to 6)

Medical reason(s) donor human milk is required: _____

Diagnosis codes: _____

If formula intolerance is a reason for the donor milk request, please list the formulas that have been trialed:

1) _____ 2) _____ 3) _____

Formula intolerance is defined by the milk bank as continued suboptimal growth and/or symptoms after 3 documented trials of formulas including a hypoallergenic or amino acid based formula.

Is this prescription for discretionary use of donor milk? Yes No

Discretionary use describes a situation in which an infant does not have a documented medical indication for human donor milk and has limited or no access to maternal milk. Such use may not be covered by insurance.

Has insurance pre-authorization been requested? Yes No

Authorization #: _____ Plan: _____

Medicaid and private insurance carriers may cover the cost of donor milk if there is a medical need. Plans require the prescribing physician to contact the insurer to obtain an authorization number. Without insurance authorization, the donor milk processing fee (\$29.33/200ml bottle) is the responsibility of the family. You may need the following info when contacting an insurer: Three Rivers dba Mid-Atlantic Mothers' Milk Bank is a DME provider. The code for human breast milk processing, storage, and distribution is T2101. The milk bank's NPI# is 1902267594.

Mother's own milk is always the goal. Check here if mother needs assistance in finding lactation support.

Distribution Policy: Medical need describes a diagnosis or circumstance in which donor milk may provide a therapeutic benefit. Such conditions include, but are not limited to, malabsorption disorders, prematurity, short gut syndrome, congenital heart disease, renal disease, post-surgical nutrition, immunological deficiencies, failure to thrive, allergies, and formula intolerance. Mid-Atlantic Mothers' Milk Bank relies on the generosity of volunteer donors. In times of shortage, priority is given first to NICUs then outpatients with medical needs. Discretionary use orders will only be filled as supply permits. A full explanation of the milk bank's distribution policy is included in the outpatient packet and online.

Provider Name: _____

Practice/Hospital: _____

Address: _____

Phone: _____ Fax: _____

NPI#: _____ Signature _____

PLEASE FAX PRESCRIPTION TO 412-281-4236

Questions? 412-281-4400 or orders@midatlanticmilkbank.org 3127 Penn Avenue Pittsburgh, PA 15201

STATEMENT OF MEDICAL NECESSITY

(Submit this form to the insurance plan when seeking pre-authorization)

Patient Name: _____ Birthdate: _____
 Insurance Plan: _____ Cardholder: _____
 ID Number: _____ Group/Group Number: _____
 Birth Weight: _____ Current Weight: _____

I am requesting that insurance coverage be provided for banked donor milk provided by Mid-Atlantic Mothers' Milk Bank for the above patient. This child is unable to thrive using commercially available formulas or has a documented medical condition that is known to benefit from donor milk.

Common Diagnoses (*Provider- please use the blank spaces to add additional codes*)

Diagnosis	ICD-10 Code	Diagnosis	ICD-10 Code
<input type="checkbox"/> Preterm newborn, unspecified age of gestation	P07.30	<input type="checkbox"/> Chylous effusion	J94.0
<input type="checkbox"/> Extreme immaturity of newborn, unspecified weeks of gestation	P07.20	<input type="checkbox"/> Congenital malformation of heart, unspecified	Q24.9
<input type="checkbox"/> Intestinal malabsorption, unspecified	K90.9	<input type="checkbox"/>	
<input type="checkbox"/> Necrotizing enterocolitis	K55.30	<input type="checkbox"/>	
<input type="checkbox"/> Gastroschisis	Q79.3	<input type="checkbox"/>	
<input type="checkbox"/> Food protein induced enterocolitis syndrome	K52.2	<input type="checkbox"/>	
<input type="checkbox"/> Allergy to milk products	Z91.011	<input type="checkbox"/>	
<input type="checkbox"/> Bronchopulmonary dysplasia	P27.1	<input type="checkbox"/>	
<input type="checkbox"/> Infantile spinal muscular atrophy, type I	G12.0	<input type="checkbox"/>	

The following formulas have been trialed:

Formula	Dates	Symptoms

Formula has not been trialed due to the following reasons: _____

Type of Donor Milk required: Term Defatted for _____ oz/day for _____ weeks/months

Banked Donor Milk to be provided by: Mid-Atlantic Mothers' Milk Bank
3127 Penn Ave Pittsburgh, PA 15201
P: 412-281-4400 / F: 412-281-4236
NPI#:1902267594

Statement of Medical Necessity (cont.)

Providers- please fill out the following, as applicable. Attach additional sheets, if necessary.

Donor milk is the only appropriate form of nutrition for this child due to the following:_____

Improvements observed with donor milk and the ways it is helping this child:_____

Negative outcomes that could occur without the provision of donor milk for this child:_____

Describe the child's treatment plan regarding donor milk:_____

The following relevant clinical document is attached (*Provider- check all that apply*):

- Growth charts
- Notes
- Test results
- Other _____

I certify that donor milk is medically necessary for this child and that the information provided is accurate to the best of my knowledge.

Provider Name:_____ NPI#:_____

Email:_____

Phone:_____ Fax:_____

Address:_____

City:_____ State:_____ Zip:_____

Provider Signature:_____ Date:_____



Mid-Atlantic Mothers' Milk Bank is a non-profit donor milk bank that provides hospitals and outpatients with pasteurized human milk from screened volunteer donors by hospital order or prescription only. The milk bank is accredited by, and strictly follows the guidelines of, the Human Milk Banking Association of North America. Licensed in the State of Maryland.

Visit midatlanticmilkbank.org for more information.

Requesting Prior Authorization for Donor Milk from an Insurance Carrier: Tips for Prescribing Physicians

Thank you for helping your patient apply for insurance authorization covering the pasteurized human donor milk that you have prescribed! **Insurance carriers require the prescribing physician to contact the insurer to obtain an authorization number.** Without insurance authorization, the donor milk processing fee (\$29.33/200 ml bottle) is the responsibility of the family.

We have been seeing the coverage of donor milk rapidly evolve in our region with the vast majority of cases of medically necessary donor milk being covered by our region's plans.

The following information about the milk bank may be helpful when contacting an insurer:

- Three Rivers dba Mid-Atlantic Mothers' Milk Bank is a DME provider.
- The milk bank's NPI # is 1902267594. (Please make sure that the milk bank's NPI – not the prescriber's NPI – is linked to the authorization.)
- The milk bank's PA Medical Assistance # is 1033651510001.
- The code for human breast milk processing, storage, and distribution is T2101.

In addition, you will likely need to submit the following information:

- Current prescription for pasteurized human donor milk
- Letter/Statement of Medical Necessity
- Clinical documentation from the patient's file

Please feel free to contact Sara Vins Bobish, Business Manager at the milk bank, if you have any questions. Sara can be reached by phone at 412-281-4400 ext. 111 or by email at svinsbobish@midatlanticmilkbank.org. Thank you again for your help!



DISTRIBUTION POLICY

Mid-Atlantic Mothers' Milk Bank (MAMMB) is a community-based not for profit organization committed to bettering the lives and health outcomes of our region's residents. In our ideal world, every baby would receive donated human milk if mother's own milk is not available. The reality is that there is a limited supply of this precious resource and that there are significant costs associated with the screening and processing necessary for the medically fragile infants that we serve.

MAMMB relies on the generosity of volunteer milk donors and therefore cannot guarantee availability of milk. We developed this Distribution Policy in accordance with the guidelines of the Human Milk Banking Association of North America (HMBANA) to ensure that infants with the greatest medical need for donor milk are given priority.

Definitions, as defined by the Medical Advisory Board of MAMMB

Medical Need: A diagnosis or circumstance in which donor milk may provide a therapeutic benefit. Such conditions include, but are not limited to, malabsorption disorders, prematurity, short gut syndrome, congenital heart disease, renal disease, post-surgical nutrition, immunological deficiencies, failure to thrive, allergies, and formula intolerance. Most cases of documented medical need are covered by insurance. Those that are not are eligible for an income based discount through MAMMB's sliding scale program.

Discretionary Outpatient Use: A situation in which an infant does not have a documented medical indication for human donor milk and has limited or no access to maternal milk. Such situations include adoption, maternal death, insufficient supply, maternal mastectomy, temporary discontinuation of breastfeeding due to medication, and bridge milk use. Discretionary use is unlikely to be covered by insurance and is not eligible for MAMMB's Sliding Scale Discount Program.

Formula Intolerance: Suboptimal growth and/or symptoms after documented trials of different formulas. MAMMB defines formula intolerance as continued issues after at least 3 documented formula trials including a hypoallergenic or amino acid based preparation.

Bridge Milk: Limited short-term donor milk fed to a healthy baby in the first four weeks of life as a mother works to increase her own milk supply.

Classification of Need

If a prescription for donor milk does not clearly fall under one of the above definitions, the Medical Advisory Board of MAMMB will review the information provided and determine whether the request is a medical need or discretionary use.

Order Fulfillments

MAMMB aims to provide facilities and ill outpatients in PA, WV, NJ, and MD with a reliable, ample supply of pasteurized donor milk. Orders are filled using the following guidelines:

Milk distribution is prioritized as follows: 1) Level 3 and Level 4 Neonatal Intensive Care Units (NICUs) and Cardiac Intensive Care Units; 2) Lower Level NICUs; 3) Outpatients with Medical Needs; 4) Mother Baby Units; 5) Discretionary Use and Bridge Milk.

Orders placed for Discretionary Use or Bridge Milk will only be filled if MAMMB has, in stock, a volume of milk sufficient to cover one month of the typical needs of all the hospitals it serves. This volume is calculated as an average from orders in the previous quarter.

Review of Use

MAMMB's Medical Advisory Board reviews all outpatient prescriptions quarterly.