

Sec. 17b-262-716. Supplies covered and limitations

(a) Supplies covered

(1) The department shall pay for the purchase of medical and surgical supplies, except as limited by sections 17b-262-712 to 17b-262-722, inclusive, of the Regulations of Connecticut State Agencies, that conform to accepted methods of diagnosis and treatment and are medically necessary and medically appropriate.

(2) Payment for medical and surgical supplies is available only to clients who live at home.

(3) The department shall maintain a non-exclusive fee schedule of supplies which it has determined meet the department's definition of medical and surgical supplies and for which coverage shall be provided to eligible clients, subject to the conditions and limitations set forth in sections 17b-262-712 to 17b-262-722, inclusive, of the Regulations of Connecticut State Agencies.

(4) When the supply for which coverage is requested is not on the department's fee schedule, prior authorization is required for that supply. The provider requesting coverage for a prescribed supply not on the list shall submit a prior authorization request to the department through an enrolled provider of medical and surgical supplies. Such request shall include a prescription and documentation showing the client's medical necessity for the prescribed supply. The provider also shall include documentation showing that the supply meets the department's definition of a medical and surgical supply and is medically appropriate for the client requesting coverage of such supply.

(5) The department shall pay for medical and surgical supplies for EPSDT special services.

(b) Limitations

(1) The department shall not pay for anything of an unproven, experimental or research nature or for supplies in excess of those deemed medically necessary by the department to treat the client's condition or for supplies not directly related to the client's diagnosis, symptoms or medical history.

(2) A prescription shall be valid for no longer than one year.

(3) The department may set maximum allowable quantity limitations at levels that it determines to be reasonable.

(4) Automatic shipment of goods and products shall not be allowed. Any refills shall be made only at the request of the client or the client's authorized representative with a valid prescription.

(c) Medicaid Coverage for Donor Breast Milk.

(1) Pursuant to section 17b-277c of the Connecticut General Statutes, the department shall provide Medicaid coverage for pasteurized donor breast milk when determined medically necessary under section 17b-259b of the Connecticut General Statutes and in accordance with the provisions of this subsection.

(2) **Practitioner Order.** A licensed practitioner authorized by section 17b-277c of the Connecticut General Statutes shall issue a written order that documents that (A) donor breast milk is medically necessary for the infant, and (B) either (i) the infant is medically or physically unable to receive maternal breast milk or participate in breastfeeding due to maternal breast milk being unsuitable for infant consumption due to infectious disease,

medication, or other maternal medical condition, or (ii) the infant's mother is unable to produce sufficient quantities of breast milk to satisfy the infant's nutritional requirements.

(3) **Birth Weight and Health Conditions.** The birth weight and health conditions that make the donor breast milk medically necessary for the infant may include, but are not limited to, one or more of the following:

- (A) Birth weight below 1500 grams;
- (B) Infant born at or below thirty-two weeks of gestation;
- (C) Presence of a congenital or acquired condition that increases the risk of development of a necrotizing enterocolitis;
- (D) Presence of an abdominal wall defect;
- (E) An immunological deficiency;
- (F) Presence of congenital heart disease that requires a repair in the first year of life;
- (G) The infant is an organ transplant recipient or on an organ transplant waiting list; or
- (H) Any other health condition not listed in this subdivision that is clinically determined by the department to make donor breast milk medically necessary.

(4) **Time Frame.** The infant may receive donor breast milk until the infant reaches six months of age, except (A) the infant may receive donor breast milk for up to two additional ninety day periods thereafter, provided a licensed practitioner provides documentation that the infant cannot meet his or her nutritional needs with the introduction of other forms of nutrition and the infant is not more than twelve months of age, and (B) donor breast milk for infants twelve months of age and older is covered only as Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) special services approved by the department on a case-by-case basis.

(5) **Prior Authorization.** Prior authorization shall be required for donor breast milk for an infant receiving donor breast milk under this subsection in accordance with the provisions of section 17b-262-718 of the Regulations of Connecticut State Agencies.

(6) **Provider Accreditation.** The billing provider shall (A) be enrolled with the department as a human breast milk bank in accordance with the department's enrollment requirements for the applicable provider type and specialty, and (B) obtain and maintain accreditation as a human breast milk bank from the Human Milk Banking Association of North America or another organization approved in writing by the department as qualified to accredit human breast milk banks.

(Adopted effective May 11, 2009; Amended March 14, 2024)