

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

NOTICE OF PROPOSED POLICY

Public Act 280 of 1939, as amended, and consultation guidelines for Medicaid policy provide an opportunity to review proposed changes in Medicaid policies and procedures.

Please review the policy summary and the attached materials that describe the specific changes being proposed. Let us know why you support the change or oppose the change.

Submit your comments to the analyst by the due date specified. Your comments must be received by the due date to be considered for the final policy bulletin.

Thank you for participating in the consultation process.



Director, Program Policy Division
Bureau of Medicaid Policy and Health System Innovation

Project Number: 1531-IBCLC	Comments Due: August 17, 2015	Proposed Effective Date: October 1, 2015
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Policy Subject: Medicaid Coverage of Lactation Support Services

Affected Programs: Medicaid, Healthy Michigan Plan

Distribution: Medicaid Health Plans (MHPs), Practitioners, Hospitals, Federally Qualified Health Centers (FQHCs), Local Health Departments (LHDs), Tribal Health Centers (THCs), Maternal Infant Health Program (MIHP) Providers

Policy Summary: The purpose of this policy is to establish reimbursement conditions and requirements for lactation support and counseling services provided by an Internationally Board Certified Lactation Consultant (IBCLC) as a component of Medicaid pregnancy-related services.

Purpose: Breastfeeding is a level "A" recommendation within the American Academy of Pediatrics' policy statement for Sudden Infant Death Syndrome and other sleep-related infant deaths. In alignment with Michigan's Infant Mortality Reduction Plan, the implementation of Medicaid reimbursement for IBCLC services is expected to increase the initiation and duration of breastfeeding, positively impacting the overall health of mothers and infants while ultimately reducing infant mortality.

Proposed Policy Draft

Michigan Department of Health and Human Services
Medical Services Administration

Distribution: Medicaid Health Plans (MHPs), Practitioners, Tribal Health Centers (THCs), Federally Qualified Health Centers (FQHCs), Local Health Departments (LHDs), Rural Health Clinics (RHCs), Maternal Infant Health Program (MIHP) Providers

Issued: September 1, 2015 (Proposed)

Subject: Medicaid Coverage of Lactation Support Services

Effective: October 1, 2015 (Proposed)

Programs Affected: Medicaid, Healthy Michigan Plan

The purpose of this policy is to establish coverage conditions and requirements for individual, comprehensive lactation support and counseling services as a component of Medicaid pregnancy-related services effective for dates of service on or after October 1, 2015. The implementation of Medicaid coverage of lactation support services is expected to result in an increased rate of breastfeeding initiation, duration, and exclusivity for the overall promotion of maternal and infant health.

General Information

The United States Preventive Task Force (USPTF) recommends interventions during pregnancy and the postpartum period to promote and support breastfeeding. Additionally, the Health Resources and Services Administration (HRSA) includes breastfeeding support, supplies and counseling as one of the eight guidelines for women's preventative services. Current research indicates that breastfeeding protects against disease, obesity and sleep related infant deaths and that morbidity and mortality of infants is reduced when they are exclusively breastfed for the first six months of life. To promote safe sleep environments and other protective factors that can reduce the risk of sleep-related infant deaths, the American Academy of Pediatrics (AAP) has included in its policy statement for Sudden Infant Death Syndrome (SIDS) and other sleep-related infant deaths a level "A" recommendation for breastfeeding. Implementation of the AAP recommendations for infant safe sleep, including promotion of breastfeeding, is a strategy embedded within Michigan's Infant Mortality Reduction Plan.

Covered Supports and Services

Medicaid will reimburse for evidence-based lactation support services provided to post-partum women in the outpatient setting up to and through 60 days post-delivery. Services must be rendered by a qualified health professional as outlined by this policy. A maximum of two visits per pregnancy will be reimbursed for either a single or multiple gestation pregnancy. One visit is reimbursable per date of service.

Comprehensive lactation counseling services must include the following:

- A face-to-face encounter with the beneficiary lasting a minimum of 30 minutes
- Assessment of breastfeeding performance
- Provision of evidence-based interventions that, at a minimum, include:
 - Instruction in positioning techniques and proper latching to the breast
 - Counseling in nutritive suckling and swallowing, milk production and release, frequency of feedings and feeding cues, expression of milk and use of pump if indicated, assessment of infant nourishment, and reasons to contact a health care professional
 - The provision of community support resource referrals, such as the Women, Infants and Children (WIC) program, as indicated
- Evaluation of outcomes from interventions

Documentation must include a begin time and end time of services provided and a comprehensive description of the professional interventions provided. Documentation may be subject to review and post-payment audit.

Prenatal lactation education and support services are provided as part of the curriculum of childbirth education programs and will not be separately reimbursed. Reimbursement for lactation education and support received by beneficiaries post-delivery in the inpatient hospital is included in the inpatient hospital payment and will not be separately reimbursed.

Beneficiaries in the Maternity Outpatient Medical Services (MOMS) program are not eligible for postpartum lactation support services.

Provider Criteria

Lactation support and counseling services must be rendered by an Internationally Board Certified Lactation Consultant (IBCLC) credentialed by the International Board of Lactation Consultant Examiners (IBLCE) with possession of a valid and current IBCLC certification. Rendering IBCLC providers must be Medicaid-enrolled physicians, nurse practitioners, physician assistants or nurse midwives operating within the scope of practice consistent with their respective disciplines as defined by Public Act 368 of 1978 of the Public Health Code. A provider who employs an IBCLC licensed registered nurse may bill Medicaid for lactation counseling services rendered under his or her delegation and supervision.

Medicaid-enrolled MIHP providers may separately bill and be reimbursed for lactation support and counseling services from the allowable number of MIHP maternal professional visits when services are provided by an MIHP licensed registered nurse in possession of a valid and current IBCLC certification. After delivery, a new MIHP maternal case cannot be opened. For this reason, the Maternal Risk Identifier and Plan of Care must be completed during the prenatal period and include the beneficiary's intent or consideration to breastfeed. If the Maternal Risk Identifier and Plan of Care were not completed prior to delivery, the MIHP provider may not bill for IBCLC services and is encouraged to initiate a referral for lactation support services utilizing the appropriate MIHP communication form.

For all IBCLC rendered services, a copy of the current, valid IBCLC certification is to be maintained by the supervising physician or employing organization, where applicable, in accordance with the record keeping requirements of the Medicaid program.

Reimbursement Considerations

- Claims are to be submitted utilizing the mother's Medicaid beneficiary identification number.
- Medicaid will reimburse for the first eligible claims submitted for these services up to the limit of two visits per beneficiary per pregnancy.
- IBCLC services are billed with Healthcare Common Procedure Coding System (HCPCS) code S9443, Lactation class, non-physician provider.
- HCPCS code S9443 may be billed as a separate and distinct service from those provided by a provider on the same date of service when documentation supports a separately identifiable visit.