

**Bulletin Number:** MSA 15-46

**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:** March 1, 2016

**Subject:** Medicaid Coverage of Lactation Support Services

**Effective:** April 1, 2016

**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 April 1, 2016. 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 licensed, 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
- Comprehensive maternal, infant and feeding assessment related to lactation
- 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. When a Medicaid-enrolled practitioner provides delegation and supervision, within the confines of his or her scope of practice, to an individual with possession of a valid and current IBCLC certification, that Medicaid-enrolled health professional may bill for comprehensive lactation support services as outlined in this bulletin as defined by Public Act 368 of 1978 of the Public Health Code.

Medicaid-enrolled MIHP providers may bill and be reimbursed for lactation support and counseling services separate from the allowable number of MIHP maternal professional visits when services are provided by a licensed MIHP registered nurse or licensed social worker (refer to the MIHP Chapter of the Medicaid Provider Manual for MIHP staff qualifications) in possession of a valid and current IBCLC certification. Before initiating MIHP IBCLC services, the initial assessment visit, appropriate Risk Identifier (infant or maternal) and Plan of Care (infant or maternal) must be completed and the Risk Identifier entered into the MIHP database. Although MIHP serves the mother-infant dyad, a distinction is made between maternal and infant services for billing purposes. IBCLC services are considered a component of pregnancy related services. Documentation must include a need for maternal lactation support.

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 on the same date as other services are rendered by a provider. Documentation must support a separately identifiable visit.

### **Manual Maintenance**

Retain this bulletin until the information is incorporated into the Michigan Medicaid Provider Manual.

## Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). When you submit an e-mail be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

## Approved

A handwritten signature in black ink that reads "Chris Priest". The signature is written in a cursive style with a large initial "C" and a long horizontal stroke at the end.

Chris Priest, Director  
Medical Services Administration