

**Instructions**  
**IBCLC Post-Partum Lactation Support and Counseling**  
**Professional Visit Progress Note**  
**Code S9443**  
MIHP 700 (04/01/16)

These instructions are intended to provide definitions for the *International Board Certified Lactation Consultant (IBCLC) Post-Partum Lactation Support and Counseling Professional Visit Progress Note*. If you have any questions about these instructions or think further instructions are needed, please contact Deb Marciniak at [marciniakd1@michigan.gov](mailto:marciniakd1@michigan.gov) or 517 324-8314.

**WHEN TO USE THIS PROGRESS NOTE**

This progress note must be used to document the provision of IBCLC Post-Partum Lactation Support and Counseling Services in order to bill Medicaid under HCPCS code S9943. Only a registered nurse or licensed social worker who is an International Board Certified Lactation Consultant (IBCLC) can use this progress note.

This progress note can only be used after the *Risk Identifier* (maternal or infant) has been administered, the *Plan of Care* (maternal or infant) has been developed, and the *Risk Identifier* has been entered into the MIHP database. Documentation of the **NEED** for maternal lactation support must be provided. You may choose to document need in one of three places: on the *Risk Identifier*, an *IBCLC Professional Visit Progress Note*, or a standard *MIHP Professional Visit Progress Note*.

Since only two IBCLC visits can be billed per mother, this progress note can only be used two times per pregnancy. Both IBCLC visits must take place during the post-partum period.

**PAGE ONE - Top Section**

- Visit: Check the box indicating whether this is the first or second IBCLC visit.
- Mother: Write the mother's first and last name.
- Medicaid Number: Write the mother's Medicaid ID number.
- Risk Identifier Completed: Check the box indicating whether a *Maternal Risk Identifier* has been done, an *Infant Risk Identifier* has been done, or both *Risk Identifiers* have been done with this mother-infant dyad for this pregnancy. A completed *Risk Identifier* is required for this type of visit.
- Medicaid Health Plan (MHP): Write the name of the mother's MHP. If the mother is not yet enrolled in an MHP, write "FFS" or "straight" or "not in health plan"; do not insert

“0”. Remember to check CHAMPS before each visit to see if beneficiary has enrolled in a MHP since your last visit.

- Location of Visit: Check the appropriate box for the location of the visit. If the location is not in the office or the home, check the “other” box and write the location of the visit on the line provided. If “other,” write the reason why the visit was not held in the office or home.
- Date of Visit: Write the complete date of the visit (month, day, and year). You are not required to use the mm/dd/yyyy format here. The date of visit must fall within the period beginning with the date of delivery and ending through 60 days post-delivery. Both IBCLC visits cannot be conducted on the same date.
- Time In and Time Out: Write the time the visit began and the time it ended. Each visit must last for a minimum of 30 minutes in order to be billable.
- Date of Delivery: Indicate the infant’s date of birth.
- Birthweight: Indicate the infant’s weight at time of birth in pounds.
- Weeks gestation: Indicate the infant’s gestation (period of time between conception and birth).
- Multiple birth? Check the “Yes” box if this was a multiple birth. Check the “No” box if it was not. Even if it was a multiple birth, a maximum of two IBCLC visits can be reimbursed. A maximum of two IBCLC visits per pregnancy can be reimbursed.
- Number of infant wet diapers in 24 hrs: Indicate the number of infant wet diapers in the last 24 hours.
- Number of infant stools in 24 hrs: Indicate the number of infant stools in the last 24 hours.
- Pregnancy complications? Check the “Yes” box if there were pregnancy complications and explain what they were on the line provided. Check the “No” box if there were no pregnancy complications.
- Infant health concerns? Check the “Yes” box if there are infant health concerns and explain what they are on the line provided. Check the “No” box if there are no infant health concerns at this time.
- IBCLC Staff: Check the appropriate box to indicate whether the IBCLC is a registered nurse or a licensed social worker.

## PAGE ONE – Bottom Section THROUGH PAGE 2

This part of the progress note is to document the specific issues that were addressed at this visit. The first column (Issues Addressed) lists 40 different issues, including “other”, for which evidence-based, post-partum lactation support and counseling interventions may be provided by the IBCLC.

Check as many boxes as apply. The first seven issues (listed with asterisks) must be addressed at both IBCLC visits.

The second column (Outcome of Visit) provides space next to each checkbox to briefly describe the outcome of this particular visit for each issue addressed. Do not describe the interventions that were used here; describe the outcomes of the interventions that were used.

Examples of outcome statements:

Positioning techniques: Mother can demonstrate proper positioning techniques.

Proper latch on: Infant is latching on and Mother reports decreased anxiety as a result.

Expression of milk: Mother is able to pump milk.

Tongue tie: Mother made appointment with pediatrician re: tongue tie question.

## PAGE THREE

- Mother: Write the mother’s first and last name.
- Medicaid Number: Write the mother’s Medicaid ID number.
- Narrative about Mother’s Reaction to Visit: In the space provided, write a brief description of the Mother’s reaction to today’s visit. For sample brief descriptions, see *Documenting Reactions to Interventions* under “Policy and Operations” on the MIHP web site. You may also use this space to document the specific interventions that you provided today.
- Outcome of previous Lactation Consultant referrals (if applicable): Write a brief description of the outcome of any referrals that may have been made at the previous IBCLC visit. These may be referrals to lactation related-services or to other services as listed at the bottom of Page 3. For example, “beneficiary read online information about the Capital Area Baby Café for drop-in breastfeeding support, and is thinking she may try it,” “beneficiary decided not to access the Black Mothers’ Breastfeeding Association at this time because she is too overwhelmed,” “beneficiary obtained food from the food bank,” etc.

If your agency uses the optional *MIHP Referral Follow Up Form*, insert the date you asked the beneficiary about the outcome of the referral in the “Date of follow up” column on that form, but you should still complete the “Outcome of previous referrals” on the *Professional Visit Progress Note*. This documentation must be provided within 3 professional visits from the date of the referral. This is not a required field on every progress note, as it depends on if and when referrals were made at previous visits and if the outcomes of the referrals were already documented.

- **Plan for follow up:** If this was the first IBCLC visit, write a brief description of the plan for the second IBCLC visit. If this was the second IBCLC visit, indicate how the MIHP team should follow up with the Mother if she and her infant will be participating in other MIHP services.

When completing this field, it’s good care coordination practice to be as specific as possible. This helps you, the other members of your team, and the beneficiary (who should know what to expect) to be clear about next steps and to prepare to implement them. For sample descriptions of plan for next visit, see “*Plan for Next Visit*” on *MIHP Professional Visit Progress Note* on the MIHP web site.

- **New referrals:** Check all boxes that apply for referrals made this visit. If you check the “Other” box, use the space provided to specify where you referred the beneficiary. An alternative is to use the optional *MIHP Referral Follow Up* form. If new referrals are documented on the *Referral Follow Up* form instead of on the progress note, check the “See Referral Follow up Form” box at the top of the new referrals section. This is not a required section on every progress note. The new referrals section is completed only if one or more referrals are made at this visit.
- **Signature and credentials of IBCLC MIHP Professional:** Legibly sign your first and last name, followed by your professional credentials with licensure.
- **Signature Date:** The date required here is the date that the progress note was completed and signed. This date may be different from the “Date of Visit” documented on Page One of the progress note.