IBCLC POST-PARTUM LACTATION SUPPORT AND COUNSELING PROFESSIONAL VISIT PROGRESS NOTE

Michigan Department of Health and Human Services
Maternal Infant Health Program
(Code S9443)

Mother	Medicaid Number	Medicaid Health Plan
Risk Identifier Completed ☐ MRI ☐ IRI ☐ Both		Visit ☐ 1st ☐ 2nd
Location of Visit ☐ Home ☐ Office ☐ Other: If other, why?		
Date of Visit	Time In	Time Out

Date of Delivery	Birthweight	Weeks Gestation	Multiple Birth? ☐ Yes ☐ No
Number of infant wet diapers in 24 hours		Number of infant stools in 24 hours	
Pregnancy complications? ☐ Yes ☐ No If yes, explain:			
Infant health concerns? ☐ Yes ☐ No If yes, explain:			
IBCLC Staff ☐ Registered Nurse ☐ Licensed Social Worker			

*Required each visit

Issues Addressed (check all that apply)	**Outcome of Visit**
☐ Positioning techniques *	
☐ Proper latch on *	
☐ Frequency of feeding *	
☐ Recognizing hunger cues *	
☐ Expression of milk (hand/pump) *	
☐ How to tell when baby is getting enough *	
☐ When to call a health care professional *	
☐ Protecting your milk supply	
☐ Feeding problems	
☐ Vomiting	
☐ Jaundice	
☐ Dehydration	
☐ Weight loss	
☐ Underweight	
☐ Abnormal weight gain	
☐ Infant distress	
☐ Excessive crying	
☐ Colic or intestinal distress	
☐ Abnormal stools	
☐ Change in bowel movements	
☐ High arched palate	

Issues Addressed (check all that apply)	**Outcome of Visit**
☐ Poor milk supply	
☐ Tongue tie	
☐ Use of medications	
☐ Risks of formula use	
☐ Temporary interruption of BF (e.g. Surgery)	
☐ Breast and nipple issues	
☐ Mastitis	
☐ Abscess	
☐ Blocked milk duct	
☐ Breast engorgement	
☐ Nipple infection	
☐ Sore nipple	
☐ Bleeding nipple	
☐ Disrupted sleep cycle	
☐ Fatigue	
☐ Failure to lactate	
☐ Lactation observation	
☐ Lactation support	
☐ Other:	

Narrative about Mother's reaction to visit
Outcome of previous IBCLC referrals (if applicable)
Plan for follow up

New Referrals

Basic Needs
- ☐ Food
- ☐ Housing
- ☐ Homeless Shelter
- ☐ Transportation/Referred to Health Plan
- ☐ Transportation/Other
- ☐ Other

Breastfeeding
- ☐ Breastfeeding Support
- ☐ Lactation Consultant

Infant Needs
- ☐ Car Seat
- ☐ Clothing
- ☐ Crib
- ☐ Other

Medical Services
- ☐ OB/GYN
- ☐ Family Practice

Mental Health Services
- ☐ Counseling
- ☐ Infant Mental Health

Other
- ☐ Alcohol
- ☐ Child Protective Services (CPS)
- ☐ Dental
- ☐ Domestic Violence Services
- ☐ Early On®
- ☐ Education
- ☐ Employment
- ☐ Family Planning
- ☐ Healthy Michigan Plan
- ☐ Home Visitation/Support Program
- ☐ Immunization
- ☐ Nutritional Counseling (Registered Dietitian)
- ☐ Parenting Education
- ☐ Tobacco
- ☐ Substance Misuse
- ☐ WIC
- ☐ Other

Beneficiary's feedback regarding today's referral

Signature of MIHP Professional	Credentials of MIHP Professional	Date

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IBCLC POST-PARTUM LACTATION SUPPORT AND COUNSELING PROFESSIONAL VISIT PROGRESS NOTE INSTRUCTIONS

These instructions are intended to clarify data fields. If you have additional questions, please contact the MDHHS MIHP Team.

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 S9443. 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. 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.

An IBCLC visit (HCPCS S9443) can be provided on the same day as an assessment visit or a professional visit. Documentation must support a separately identifiable visit. This means that when two MIHP visits are billed on the same date of service, there must be the required documentation for each visit type (e.g., initial assessment visit documentation and lactation support documentation or professional visit documentation and lactation support documentation). Both visits can be provided by the same person.

Top Section

- Mother: Write the mother's first and last name.
- Medicaid Number: Write the mother's Medicaid ID number.
- 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 the visit.
- Risk Identifier Completed: Check the box indicating whether a Maternal Risk Identifier, an Infant Risk Identifier, or both Risk Identifiers have been done with this mother-infant dyad for this pregnancy. A completed Risk Identifier must be completed prior to this type of visit.
- Visit: Check the box indicating whether this is the first or second IBCLC 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). 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.
- 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.
- 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.
- BCLC Staff: Check the appropriate box to indicate whether the IBCLC is a licensed registered nurse or a licensed social worker.

The next 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."

Check as many boxes as apply. The issues listed with asterisk must be addressed at each 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.

- 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.
- Outcome of previous IBCLC 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. 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.
- 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.

For sample descriptions of plan for next visit, see “Plan for Next Visit” on MIHP Professional Visit Progress Note on the MIHP website.

- New referrals: Check all boxes that apply for referrals made this visit. If you check the “Other” box is checked, use the space provided to specify where the beneficiary was referred.

- Signature and credentials of IBCLC MIHP Professional: Legibly sign 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 the progress note.