Outpatient Lactation Scenarios

Helping women achieve their breastfeeding goals

Offer Direct Face to Face Services to Families

Prenatal Consultation: One-on-one visit with an International Board Certified Lactation Consultant (IBCLC) to get personal questions answered.

Lactation Consultation: An IBCLC observes and evaluates a feeding, develops a care plan for mother and baby and sends a report to the primary health care provider.

Follow-Up Consultation: If needed, the initial care plan is fine-tuned for breastfeeding success.

Back-to-Work Planning: Mother works with an IBCLC or CBC to tailor a plan that fits her individual needs.

Weight Checks: Walk-ins or appointments for infant weight checks, pre and post feeding weights to measure milk transfer and basics questions.

Background

The Patient Protection and Affordable Care Act (ACA) helps make preventive health affordable and accessible for all Americans by requiring health plans to cover preventive services and eliminating cost sharing for those services. Preventive services that have strong scientific evidence of their health benefits must be covered, and plans can no longer charge a patient a copayment, coinsurance, or deductible for these services when delivered by a network provider.

The ACA requires coverage of preventive health services for women, including “breastfeeding support, supplies, and counseling,” further defined as “comprehensive lactation support and counseling, by a trained provider during pregnancy and/or in the postpartum period, and costs for renting breastfeeding equipment.” These preventive services must be covered in conjunction with each birth, beginning in the first plan year (in the individual market, policy year) that begins on or after August 1, 2012.

The Reality

In the rapidly changing landscape of insurance requirements under the ACA, few guidelines or recommendations exist as to who may provide and who may be reimbursed for lactation care, and what kinds of equipment should be covered for breastfeeding families. So, in 2012, Aetna, a national private insurer, reached out to the lactation community recognizing the IBCLC, the International Board Certified Lactation Consultant, as the highest credential available to provide quality lactation support services. With the current exception of licensed IBCLCs in Rhode Island, Georgia and New Mexico, which opens a world of billing scenarios in those states, IBCLCs (International Board Certified Lactation Consultants and CBCs (Certified Breastfeeding Counselors) are credentialed but not licensed, which leads to issues with recognition and coding guidance from the American Medical Association and the Centers for Medicare and Medicaid Services.

But… insurance billing is a game and trying different billing scenarios will give you the solid footing once you see what each insurer wants in your state. “Breastfeeding support and supplies” are supposed to be covered and using a coding modifier 33 with a small batch of procedure codes, you could receive reimbursement.

Aetna credentialed IBCLCs and in some states so did many Blue Cross plans. In Pennsylvania, for example, Personal Choice and Keystone Health Plan East, which are Blue Cross plans, are credentialing IBCLCs as well as Tricare and some United Healthcare plans.

Research tells us when insurers cover preventative care measures and support successful breastfeeding, the patient and the community benefit. When a physician can align with a qualified lactation support professional, it also elevates the level of care and customer service the office can provide new families.

Scenarios and Coding

Typical Scenario:

The Lactation Consultant as an office or medical clinic staff member can be summoned to help with on-the-spot breastfeeding needs of parents or can be set via appointment **as part of an established patient office visit.** A full lactation consultation includes a maternal assessment, examination, and a care plan and depending upon the practice setting services may billed for infant and mother separately as the IBCLC is also seeing baby as a second patient.

In an office or clinic, the IBCLC sees the patient and at some point it the consult the Physician, Nurse Practioner, Physician's Assistant or Certified Nurse Midwife flies in and spends a few minutes "coordinating the care." An experienced IBCLC can provide individual or group classes – a prenatal or postnatal lactation "class;" a full lactation consultation and follow-up appointments. In some states, an RN, IBCLC can bill for consults using S "class" codes or counseling codes.

A primary care office could choose to create a working liaison with an IBCLC with various placement scenarios. An IBCLC can become an employee of the physician; an IBCLC can become a subleasee of a provider or become an independent contractor by simply offering services on an as needed basis and offer a percentage of the consult back to the physician. Based upon state and federal laws, the IBCLC as a subleasee or contractor scenario can offer her services as long as the physician offers his patients a "choice" of lactation consultant if she does not become an employee.

Lactation, counseling and feeding support depending upon the practice setting services and liability contracts of the physician could be billed for infant and mother separately as the lactation support professional is also seeing a second patient. Per the AAP, for the purposes of mental health and feeding support some Pediatric practices could also incorporate mom as a patient. https://policylab.chop.edu/blog/case-monitoring-mom%E2%80%99s-mental-health-pediatrician%E2%80%99s-office

2020 AAP document you can access – https://downloads.aap.org/AAP/PDF/coding_breasfeeding_lacation.pdf

Here is an AAP document – you can only access with membership:

https://coding.solutions.aap.org/article.aspx?articleid=1903057

https://www.aap.org/en-us/professional-resources/practice-transformation/getting-paid/Coding-at-the-AAP/Pages/Coding-Tips-for-Pediatricians-Evaluation-and-Management-Coding-Strategies.aspx

Possible coding for reimbursement in a variety of settings:

- As part of Office or Other Outpatient Services (ex.99201-99205; 99211-99215)
  The IBCLC sets the visit at 30 minutes or 60 minutes then at some point the licensed doctor/provider flies in and "coordinates the care" and it is billed as physician office visit.

- Class Codes can be billed as "classes" or "one on one consults" as you set the fees and some insurers will honor that submission fee up to $300 and some will always consider it a "class" and reimburse $12 to $15 only. There are no documentation requirements (but you should document anyway) and NO time requirements or fee limitations on these S codes at all.
- *S9443 Lactation Class*
- *S9444 Parenting Education*
- *S9445 Patient Education, Individual*
- *S9446 Patient Education, Group*
  Most IBCLCs use "Lactation class" using code S9443
  All S codes can use a using a primary diagnosis code: Z39.1, Encounter with a Lactating Mother and Z76.89 Persons encountering health services in other specified circumstances

- Preventive Counseling/Risk Factor Reduction Intervention – Individual or Group Codes

  Preventive Counseling/Risk Factor Reduction Intervention (ex. 99401-99404)

  Use the following CPT codes 99411 (30 minutes) & 99412 (60 minutes) for Preventive Medicine Services that include counseling:
  "When these codes are billed with a Preventive Medicine code on the same date of service by the same specialty physician or other health care professional, only the Preventive Medicine code is reimbursed" because counseling, anticipatory guidance and risk factor reduction interventions are integral to a Preventive Medicine visit.

  NOTE: At least one Medicaid plan requires that a physician reporting lactation counseling must use codes S9445 and S9446 (individual and group patient education, not otherwise classified, nonphysician provider) with modifier AF in lieu of code 99401. A modifier is a code that provides the means by which the reporting physician can indicate that a service or procedure that has been performed has been altered by some specific circumstance but has not changed in its definition or code.

  96150: Initial health and behavior assessment (clinical interview, behavioral observations, health questionnaires, etc.) Each 15 minutes, face to face.
  96151: Established Patient
  Bill up to 8 units, could be used by a qualified non-physician health care professional (who are neither nurse practitioners nor physician assistants) such as IBCLCs.

Tele-lactation visits could work but right now – but telehealth coding is changing every day – most use "office or other outpatient" evaluation and management codes using modifier GT and place or service 11 or 02 depending upon insurer. **New for Telehealth for 2020: S9443 Added for telehealth,** do not use 99401-99404

Services may be paid with specific CPT and ICD code combinations – Options Below

Coordination of Care with OBGYNs & PAs, CNMs, NPs under OB (could also apply to Family Practice Doc where Mom is patient)**:**

- IBCLC services (and supplies) properly provided and billed "incident to" a network physician such as an OBGYN or licensed Non-Physician provider such as a Physicians' Assistant (PA) and Certified Nurse Midwife (CNM) or Nurse Practitioner (NP) and services are billed out under the physician and paid at the network fee schedule. Physician may or may not need to spend time meeting with the patient to "coordinate the care" once specific guidelines are met – such as established OB patient from ABC Hospital.
- Lactation support services can be seen as part of the Global Obstetric Code for maternity billing, but with proper modifiers - modifier 25 and / or 33 - proper documentation and coding can be reported as "separate and identifiable" from global OB care – utilizing one of 4 types of coding:
  - *Office or Other Outpatient Services (ex.99201-99205;99211-99215)*
  - *Preventive Counseling/Risk Factor Reduction Intervention (ex. 99401-99404)*
  - *Health and Behavior Assessment and Intervention Codes (ex. 96150;96151)*
  - *"Lactation class" using code S9443*

- OBGYN sees patient as part of routine global OB care, but a portion of the negotiated global fee comes back to the center for seeing a patient in the clinic for lactation services. (A portion of what the OB would receive and they would have to agree to it.)

Coordination of Care with Pediatricians & PAs, CNMs, NPs under Pediatrician:

Similar scenarios as above with the IBCLC but utilize a Pediatrician, who could then bill Baby as the patient, with ICD10 code P92.5, Neonatal difficulty in feeding at breast.

Also, the 2020 edition of ICD-10-CM Diagnosis Code Z76.89 became effective on October 1, 2019. "Persons encountering health services in other specified circumstances."

Coverage under the ACA does seem to apply primarily to Women's Preventative Services so mother as a patient is more ideal. According to the American Academy of Pediatrics, in regards to infant feeding, it is appropriate to also make the breastfeeding mother as a patient and counsel her accordingly although some professional liability insurers in Pediatrics dictate the age of patients the Physician may see. Family Practice Physicians can be ideal offices for an alliance with an IBCLC or otherwise qualified lactation support person.

Coordination of Care with PAs, CNMs, NPs:

Nurse Practitioner, CNM or PA bills for the care of Mother or Baby as the Patient**, as a well or sick visit,** with IBCLC alongside as part of the visit or after the patient is seen in the office by the NP,PA, or CNM, being reimbursed at 85% of reasonable and customary fees.

Separate Entity:

"The ABC Lactation Center" is set up as a separate entity, with a new contract with all insurers, to provide lactation services as a "stand alone" business. This stand alone only employs IBCLCs and could even utilize a sliding scale for fees as well as bill in-network for Aetna, Personal Choice, Keystone East or other area insurers if eligible.

For an Outpatient Facility:

Direct Contract Negotiation with Each Private Insurer (Aetna, IBX, UHC, CIGNA, Medicaid, etc.) is best. Talk with Contract Department directly. Get approval for S9443 with a set fee reimbursement.

Document for Illinois- see directive for 1 postpartum visit with Medicaid or negotiate a Special Provider Agreement with each Illinois Medicaid Provider on this list.

https://www.illinois.gov/hfs/SiteCollectionDocuments/092915n1.pdf

Use this as leverage: https://www.healthconnectone.org/wp-content/uploads/bsk-pdf-manager/Illinois_Breastfeeding_Blueprint_2011_7.pdf

Fee for Service – cash:

Use a set cash fee for Lactation Services provided, IBCLC gives patient a "Superbill" or receipt they may submit to the insurer *(say $100 for code S9443, Diag. Code Z39.1)*

Fee for Service – with a sliding scale:

Have a fee schedule that consists of a sliding scale for families with a certain income in relation to the poverty level, in relation to the laws of the state. WIC program income levels work best. Patient presents a pay stub or income measurement to obtain a reduced fee for lactation service. Above a certain amount of income, charge a full fee.

In-office Weight Checks - Use Code 99211, no Physician coordination required, a.k.a.Rn/IBCLC only visit

Baby weight check/visit on a sensitive scale using code 99211(Reimburses $5-$10) or other appropriate scales for pre and post feeding weights

Other Income Sources:

- Grant or Foundation Funds for Preventative Care
- On occasion, state and/or federal grants or funding may be available for start ups, small businesses or ongoing capital to be used as staff funding
- Connect with DME's to distribute breast pumps, offer breast pump rentals and or Baby Weigh Scale rentals
- Retail business – bras (certified bra fitters) nipple shields, baby carriers, vitamins

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My expertise is within the lactation community. I am not an AAPC certified coder. There are several scenarios presented below that MAY be feasible to maximize patient services as well as gain reimbursement for such services, these scenarios exist in this proposal for your review. Ideas listed here do not represent proven scenarios for your institution; this document just shares proposed scenarios that exist in other outpatient facilities. All feedback is welcome.