



North Carolina Chapter

North Carolina Pediatric Society

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Chapter President

W. Scott St. Clair, MD, FAAP
Blue Ridge Pediatric & Adolescent
Medicine
579 Greenway Road, #200
Boone, NC 28607
Phone: (828) 262-0100
wscottstclair@gmail.com

Chapter Vice President

Susan Mims, MD, MPH, FAAP
Mission Children's Hospital
Missions Hospital, 509 Biltmore Ave
Asheville, NC 28801
828-213-1747
Susan.Mims@msj.org

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Washington, NC

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Elizabeth Hudgins, MPP
1100 Wake Forest Road
Suite 200
Raleigh, NC 27604
Phone: (919) 839-1156
Fax: (919) 839-1158
Elizabeth@ncpeds.org
www.ncpeds.org

Secretary Mandy Cohen, MD

NC Department of Health and Human Services
2001 Mail Service Center
Raleigh NC 27699

RE: Dietary Evaluation and Counseling and Medical Lactation Services

Dear Dr. Cohen:

Thank you for the on-going work of DHHS to promote lactation services for new mothers, including in the pediatric office. Appropriate lactation support is linked to numerous positive outcomes for the baby; in some cases, such as necrotizing enterocolitis, breastfeeding can even be life-saving.

We appreciate the improvements you have made since December, such as including weight rather than height as one of the documentation requirements.

Rather than focus on details you can easily find in our December 2016 comments, **we are going to focus on our big picture concern: the lack of clarity on billing guidance.** The issue of trying to figure out how to support a lactation consultant in pediatric offices is a frequent topic of discussion at NC Pediatric Society events. We were all very hopeful that the policies evolving over the past four years would help support this important service. But without appropriate guidance on coding, practices will continue to be reluctant or unable to support lactation consultants. Concrete information about billings and rates help advance the business case for adding office capacity. Confusion about appropriate codes increases concerns about auditing and lowers the likelihood of the service being provided.

There also needs to be clarity on how the lactation consultant becomes "incident to" the MD/DO/PA/PNP. We suggest the addition of the contractual relationship so that section E.b.3 reads: "A physician who employs or contracts with an IBCLC may bill "incident to" Medicaid for lactation counseling provided by these health care professionals."

We understand that the ultimate goal is to use 9615X but that the DMA vendor is not expected to be able to program that code into the system until spring 2018 and which time DMA may revise the policy.

Positive steps in the interim would include adding "including 9921x" to Attachment A under E,b,3 and specifying that 9615x will be acceptable code in the future (once it is enabled).

We appreciate the focus on this important service. We are happy to help in any way possible, including in drafting Frequently Asked Questions (FAQ) and scenarios to address specific concerns raised by our members, especially during the interim.

Thank you again for advancing this policy.

Sincerely,

Scott St. Clair, MD, FAAP, Chapter President
North Carolina Pediatric Society (NCPeds)

