



North Carolina Pediatric Society

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March 17, 2016

To: North Carolina Division of Medical Assistance
Re: Dietary Evaluation and Counseling and Medical Lactation Services
From: North Carolina Pediatric Society

To Whom It May Concern:

The NC Pediatric Society applauds the inclusion of lactation services as a billable CPT code under Medicaid as indicated in proposed, "Dietary Evaluation and Counseling." Breastfeeding is associated with long-lasting benefits for the baby across an array of indicators.

As recognized in the proposed policy, the mother/baby dyad often needs assistance and support to successfully start and maintain breastfeeding for the recommended 12 months. Promoting breastfeeding by paying for costs associated with supporting this important activity is a very positive step forward.

While there are multiple concerns and we support the comments made from the Child Fatality Task Force, ***we want to particularly emphasize the need to allow diagnosis of a problem by the medical clinician and lactation consulting payment on the same day.***

With any new policy, the details are important. The NC Pediatric Society is very concerned that the "Dietary and Evaluation and Counseling," as currently drafted, enacts barriers to getting timely (same day) services and tracking the effectiveness of the new codes. In particular, we are concerned about the provision as part of C.1. in Attachment A that requires a medical condition diagnosed at an earlier date.

Ideally, when a mother and baby come in for a check-up and there are issues discovered with weight gain or other concerns relating to feeding, the doctor should be able to link the mother with support that very same day, especially in offices that have IBCLCs or other experts on staff. In general, it is best to provide support at the time it is needed without requiring families to make multiple trips. This is especially true with breastfeeding as milk supply may be affected if services are not timely and newborns don't typically have substantial fat stores to draw from in the interim while waiting for a second appointment on another day. Many of our patients have limited transportation options, so same day treatment is ideal.

“Dietary and Evaluation and Counseling” only permits payment to IBCLCs and other experts for a previously diagnosed condition. It recommends rolling any same day service into a 99391/9921x and not allowing an IBCLC or other expert to bill 9615x on the same day. This will make it less likely that a doctor will be able to refer to another expert, less likely to keep an expert on staff – and thus less likely the dyad will get the help and support they need on a timely basis. Also, if the payment is rolled into a 99391/9921x, there is no way for the state to track if payment for the lactation service is resulting in more lactation consults and then an improved breastfeeding rate.

(We realize “Dietary and Evaluation and Counseling” is based on *Supporting Breastfeeding and Lactation: The Primary Care Pediatrician’s Guide to Getting Paid* from the American Academy of Pediatrics. We appreciate your use of AAP resources. However, resource hand-outs are not generally intended to represent AAP policy or guidance; this particular handout is directed to providers with the same NPI, not professionals with separate billing ability.)

We urge you to revise “Dietary and Evaluation and Counseling” to allow payment for treatment on the same day as diagnosis.

Thank you for your consideration.

Sincerely,

A handwritten signature in cursive script, appearing to read "Deborah Ainsworth MD".

Deborah Ainsworth, MD, FAAP
Chapter President
NC Pediatric Society, Inc