OUR MISSION: TO BUILD AND SUSTAIN A NATIONAL ASSOCIATION THAT ADVOCATES FOR LACTATION PROFESSIONALS.
OUR VISION: IBCLCS ARE VALUED RECOGNIZED MEMBERS OF THE HEALTH CARE TEAM.

USLCA eNEWS

United States Lactation Consultant Association

May 2011

Congratulations to the newest USLCA Director of Marketing:

Debi Page Ferrarello, RN, MS, IBCLC!

Plan on meeting Debi and all of the Board of Directors at ILCA in July!

Inside this issue:

From the President Laurie Beck, RN, MSN, IBCLC, RLC

May is usually a busy time of the year! School comes to an end, and we plan for summer vacations and conferences.

- USLCA is preparing for the 2011 ILCA Conference in San Diego, CA. It is not too late to join USLCA or to register.
- USLCA would like to have IBCLCs from all 50 States submit a photo for an upcoming project. Please summit photos to our office.
- Alisa Sanders and Marsha Walker just returned from the National WIC Association meeting to promote the IBCLC profession and to network with WIC. It was an invaluable time of networking. See p. 3.
- USLCA is looking for a qualified grant writer. We have a lot of great projects to benefit the profession, but they all require money!
- We want to hear from our members, so contact us with any comments, suggestions, or stories about what you are doing.

Share this eNews with your colleagues! It is a simple way to promote the IBCLC profession.

Happy 30th Anniversary: International Code of Marketing of Breast-Milk Substitutes!

Read ILCA's Letter to WHO, ICDC, and IBFAN, dated May 17, 2011:
ILCA recognizes and lauds the World Health Organization (WHO), the International Code Documentation Centre (ICDC), and the International Baby Food Action Network (IBFAN) on the eve of an important anniversary in worldwide public health: The International Code of Marketing of Breast-milk Substitutes (the International Code) was adopted by the World Health Assembly thirty years ago (on May 21, 1981)!

ILCA is asking its 5,200+ international members to celebrate this milestone, and to honor the simple message of this international model policy for public health. The International Code is designed to protect healthy practices in infant and young child feeding. It has been legislated in nearly 200 countries around the world. It recognizes the basic premise that the biologic norm of breastfeeding provides health protections to mothers and children that last throughout their lives. The International Code is a unique and indispensable tool to protect and promote breastfeeding, and to seek ethical marketing of breastmilk substitutes, feeding bottles and teats.

The International Code predates the profession of IBCLCs and the formation of ILCA. Regardless of the legislative status of the International Code in one's home country, IBCLCs today are required to support it under the edicts of the IBLCE Code of Ethics, the IBLCE Scope of Practice for IBCLCs and the ILCA Standards of Practice.

(Continued, p. 2)

NEWS FROM THE USLCA BOARD OF DIRECTORS

The USLCA Editing Committee is a new committee that has recently formed. The purpose of this committee is to provide editing expertise to documents the USLCA Board of Directors has drafted. All USLCA communication needs to be written on a professional level, especially as USLCA interacts with national entities and other professional organizations. We want to thank these ladies for their commitment: Amy Spangler, MN, RN, IBCLC, RLC (Chair); Maureen Dann, PNP, IBCLC, RLC; Glenda Dickerson, RN,MS, IBCLC, RLC

Happy 30th Anniversary, WHO Code! (cont. from p. 1)

IBCLCs can raise awareness when unethical marketing tactics are encountered, by educating the mothers we serve and the colleagues with whom we practice. We call upon all ILCA members to recognize and celebrate this important public health milestone. We are grateful for the unceasing efforts of WHO, ICDC and IBFAN in educating governments, commercial entities, families and health workers about the International Code.

On behalf of the ILCA Board of Directors,

Cathy Carothers, BLA, IBCLC, FILCA
ILCA President 2010-12

CHAPTER NEWS

From Mid Hudson Lactation Consortium (MHLC):

Hudson Valley Hospital Center, located in Peekskill, New York, was recently given an award for having an exclusive breastfeeding rate of 90%. On April 8, 2011, Dr. Nirav R. Shah, New York State Health Commissioner, presented the award to the hospital. The IBCLC that works at this Center is Linda LeMon, RN, IBCLC, RLC. Linda has worked there for over 20 years and provided the mothers and babies with exceptional care. Linda is the only IBCLC in a facility that has 884 births a year. Linda is a member of MHLC, a USCLA chapter.

Linda is pictured here with Stephanie Sosnowski, President of MHLC.

From Southeastern Lactation Consultant Association (SELCA):

Join SELCA for their spring meeting, featuring Teresa Brown, RNC, IBCLC, and Carol Hendrix, BS, IBCLC, speaking on "It Takes Two to Tango: Fostering Collaboration between the Hospital and WIC to Improve Breastfeeding Outcomes" The meeting will be held at Northside Hospital ground floor auditorium, 980 Doctors Building, in Atlanta, GA, on Saturday, May 21, 2011, from 10am-noon; with a business meeting from 12:00-12:30. CERPS provided for active SELCA members. Click here for map.

INSTITUTE OF MEDICINE STUDIES MAKEOVER OF WIC'S LOVING SUPPORT BREASTFEEDING CAMPAIGN

By Marsha Walker, RN, IBCLC

April 26, 2011, Washington, DC: The U.S. Department of Agriculture Food and Nutrition Service requested the Institute of Medicine (IOM) to conduct a one day workshop on updating the USDA's National Breastfeeding Campaign. The objective of the workshop was to provide critical input from experts on the actions needed to effectively build on the successes of the existing campaign, *Loving Support Makes Breastfeeding Work*, using an evidence-based social marketing strategy to make the campaign more relevant and effective in today's environment. Each speaker was allotted 10 minutes to address issues relevant to improving and updating approaches to breastfeeding, initiation, duration, and exclusivity in the WIC population. Input from the public is also being requested and can be provided at http://www.surveygizmo.com/s3/506587/Comment-Form-Updating-the-USDA-National-Breastfeeding-Campaign. This is a wonderful opportunity to communicate your thoughts and ideas regarding how to make WIC more effective in promoting and supporting breastfeeding.

I was asked to present "Changes in Federal and State Government Programs, Laws, and Policies that Affect a Woman's Breastfeeding Decision." All presentations are available at http://iom.edu/Activities/Nutrition/USDABreastfeeding/2011-APR-26.aspx. Each presentation added information that will help IOM to make recommendations on how best to make the Loving Support program more effective. WIC serves approximately 50% of the infants in the US and it is very important that we help this program better support its breastfeeding mothers. A couple of interesting comments by speakers included that You Tube is the most popular place that mothers access for videos on how to latch and breastfeed their baby. Also mentioned was that during the time that the Office on Women's Health ran the National Breastfeeding Awareness Campaign, $30 million was obtained in donated media exposure for breastfeeding promotion, while the formula companies spent $80 million in advertising! Many ideas were brought forth on how to better communicate with today's young mothers as well as how best to support breastfeeding once begun. The IBCLC was prominently mentioned by numerous speakers as a key player in improving the duration and exclusivity of breastfeeding in the WIC population.

UNDERSTANDING REIMBURSEMENT

By Judith L. Gutowski, BA, IBCLC, RLC

The USLCA Licensure and Reimbursement Committee is working daily, pursuing multiple strategies for obtaining independent reimbursement of IBCLCs. IBCLCs are greatly interested in obtaining reimbursement for their work, but this area of the profession remains a mystery to most. This is a problem for IBCLCs who want to earn a living, and for families who need lactation support services.

The reimbursement methods available to IBCLCs will vary depending on their specific background, credentials, work setting, and the type of insurance held by the clients they see.

In the U.S., the majority of health care fees are paid by either the government through Medicare or Medicaid, or by private insurers. Medicaid is the government program that covers certain low income children and pregnant mothers and is administered by the Centers for Medicare and Medicaid Services (CMS). CMS sets policies and precedent for the government programs but also greatly influences the third party payment system used by private insurers. Medicaid covers approximately 40% of the births which occur in the U.S. each year, and the infant, once born, is then covered by Medicaid. Therefore, it is important to understand the Medicaid System.

(continued p. 4)

UNDERSTANDING REIMBURSEMENT (cont. from p. 3)

Unfortunately, at this time, Medicaid does not allow direct reimbursement to an IBCLC as we are "unlicensed" providers. While direct Medicaid reimbursement may not be available (yet!), an IBCLC certainly can bill private insurers for lactation services. Billing does not guarantee payment will be rendered; nor does becoming licensed guarantee reimbursement. But, we know that licensure is an important stepping stone to reimbursement for most private insurers (and a necessary step for reimbursement from Medicaid).

What should you do right now, before licensure is available in your state? To maximize the chance of receiving reimbursement, an IBCLC should follow the "credentialing" process with insurers in her local area. This process is often done electronically and involves having your background and qualifications reviewed by a committee to validate your suitability to provide services. In limited circumstances, in some states, IBCLCs have successfully completed this process and have contracted with private insurers to receive payment for their services.

If you choose to bill for your services, learn the basics about functioning in the health care billing system. It would be advisable to contract with a local billing expert to help you set up your billing system and navigate the processes to become a credentialed provider for the frequently used insurers in your local area. You can ask other providers in your area for a referral for billing specialists that they have found to be reasonably priced, accurate, and dependable.

To help you become conversant about the third party reimbursement system, below is a summary of the many numbers or codes used in billing transactions.

- You are probably already familiar with the codes that your clients will have from managing your own health care claims. These include the policy and group numbers, as well as a patient ID numbers that are necessary to submit a claim for coverage of services.
- The IBCLC will need a National Provider Identifier (NPI) number which is required to identify you and the type of service you provide for all billing transactions. See the April 2011 USLCA *eNews* and/or join our webinar on that topic on May 24th for more information.
- The IBCLC will need a Taxpayer Identification number—a Social Security Number (SSN) or Employer Identification Number (EIN). Information on the need to obtain an EIN can be found at www.irs.gov/businesses/small/article/0,,id=97872,00.html
- The IBCLC will then need to understand and use two sets of codes in billing transactions. The document "Supporting Breastfeeding and Lactation: The Primary Care Pediatrician's Guide to Getting Paid" gives a concise, but thorough explanation which can be useful for IBCLCs. The document is available at www.aap.org/breastfeeding/files/pdf/CODING.pdf
  - The Current Procedural Terminology (CPT) Codes, or the Healthcare Common Procedure Coding System (HCPCS) Codes used by Medicare, are assigned to various tasks that a provider completes in caring for a patient. These are 5 digit numbers which have an attached value. That value is what the government program such as Medicaid or the private insurer will pay a provider for rendering this kind of service. These codes represent the time involved in the patient's care and the complexity of the visit. Examples are the history taking and physical findings (including the appearance of breasts, infant weight), the oral assessment, breastfeeding observation, and other factors involved in assessing the problem at the visit. The codes an IBCLC would most commonly use are: 99201 to 99205 for new patients, 99211 to 99215 for established patients, or 99241 to 99245 for consultations. Using consultation codes has special conditions and may not be acceptable to all payers. The consult yields higher reimbursement but must be preceded by a referral from the patient's primary care physician and followed by a report sent to that physician.

(continued next page)

- ICD-9 Codes are also necessary, and identify the problem that is being managed. Different codes may be needed for the baby and mother which can be billed as separate patients. For example, 779.31 (feeding problem for a newborn) is frequently used for lactation and 676.54 is commonly used for maternal suppressed lactation.

All of this coded information is recorded on a super bill which is submitted to the payer via prescribed processes. A sample lactation super bill which is available for purchase and can be viewed at www.patlc.com/LVR/HTMLobj-161/Sample_LVR.pdf

An IBCLC in private practice would most likely bill for services as an independent provider. You can ask your clients to pay out of pocket and then they can submit this super bill on their own for reimbursement. Unless you are a credentialed provider with that client's insurance company, your client may not receive reimbursement, but by doing so, it begins to show the private insurers in your area that lactation services are being provided and are necessary. If there is no submission of lactation billing then there will not be any reimbursement. The IBCLC can also choose to submit the bills and wait for reimbursement. Please see discussion above about the credentialing process to increase the likelihood of success with private insurers.

How should an IBCLC employed or working for a physician practice obtain payment for her services? First, you must familiarize yourself with your state's Medicaid billing manuals which can often be found online. Physician practices routinely want to ensure their billing practices comply with federal guidelines even if they do not accept Medicaid patients. Issues such as whether you must be "employed" or an "independent contractor" of the billing physician, what type of supervision is required, etc. are outlined in these manuals. In some states, the services provided by an IBCLC employed in a physician practice may be billed by the physician as "incident-to" his or her services provided the "direct supervision" requirements are met. What qualifies as "direct supervision" can vary state to state, as well, but often the physician must continue to be involved in the ongoing patient care and see the patient, but does not have to be in the room with the IBCLC for the entire visit. The physician may review the history and findings that you have recorded and agree with the assessment and plan for care. You can see these issues can be legally and ethically complex for both the IBCLC and the physician. Understanding your state's rules for "incident to" billing is your first step in successfully billing within the physician practice setting. More information can be found in the previously mentioned AAP Coding documents and online with your state Medicaid office's Physician Services billing manuals. Local attorneys who specialize in healthcare transactions can also be of assistance.

As a work around, some IBCLCs who are providing lactation services, and successfully being reimbursed, are doing so under other licensed credentials which they possess such as physician, midwife, nurse practitioner, physician assistant, registered dietitian and others. Unfortunately, being reimbursed with only a registered nursing credential will usually yield a low reimbursement, but it is still better than nothing.

The USLCA Licensure and Reimbursement Committee is working in many states and taking every opportunity to initiate policy changes and legislative initiatives that will aid IBCLCs in getting paid. Continue to watch the *eNews* for announcements as progress occurs. Recently we have been dialoguing with attorneys and CMS administrators on how we can achieve billable status with them. There are many obstacles, but we are committed to pursuing this objective. CMS has a significant influence on the reimbursement possibilities for IBCLCs because many private insurers will follow their lead. Please feel free to contact us if you have questions or if you have progress made in your area of the US toward integration of the IBCLC into to the health care system.

Going Head to Head with other Health Care Professionals

What do you do when the information you know as an IBCLC is discounted, dismissed, and disputed by other health professionals you work with? For some unknown reason, tongue-tie and appropriate treatments, including frenotomies, are frequently the source of conflict between the IBCLC and the MD—leaving the mother and her baby caught in the middle.

Liz Brooks, JD, IBCLC, FILCA, and ILCA's Secretary, gives some helpful tips on how to resolve the conflict:

- Ask for a meeting. Take your IBLCE Code of Ethics, IBLCE Scope of Practice, and ILCA Standards of Practice. Also bring something from the IBLCE that spells out what you had to do to become certified with the only internationally-recognized credential focusing solely on breastfeeding and human lactation. A good choice is the USLCA pamphlet, "Who's Who in Lactation in the USA."
- Take a look at the hospital's website, mission, and vision statements. Most likely they have something there about how they love to give good care ... they love patients ... they love to be wonderful ... They love healthcare, etc. Print It Out.
- Explain that your practice-guiding documents require and entitle you to provide evidence-based information and support to mothers about matters affecting lactation.
- They also require you to be a part of the healthcare team, bringing to the attention of others (i.e., the doctors) matters of interest to them as THEY provide evidence-based information and support to their patients.
- You offer ASSESSMENT of the baby's skills and abilities ... and an ASSESSMENT of the impact on the mother—all of which are clearly within your scope of practice and demonstrated expertise.
- Remind them that you were working with mothers who have said "I want to breastfeed." Hospitals and healthcare providers—including IBCLCs—should be making it easier for mothers to exclusively breastfeed. Take the Surgeon General's Call to Action to Support Breastfeeding to underscore: This is considered a national public health policy imperative now.
- Take research and protocols that SUPPORT frenulum division to facilitate breastfeeding, especially those from the AAP Section on Breastfeeding.
- Show them the new website http://tongue-tied.net/ that demonstrates that an entire field of research and practice is arising around tongue-tie diagnosis and treatment.
- Whisper the words "Joint Commission" and "exclusively breastfeeding" and "national quality core measure" in the same sentence.
- And smile, smile, smile when you ask, "So…. What can we do to make sure that we meet the vision and mission of this institution to provide compassionate evidence-based health care to our patients? How can we support mothers who have decided to exclusively breastfeed, which we know is the biologic norm and is the basis for a lifetime of improved health for both mother and baby? How can we give the mother the best evidence-based information so that *she* may make an informed decision about the health care for herself and her baby, as is our duty as health care professionals? How can we improve our overall exclusive breastfeeding rates (one of the Joint Commission's core measures now) when pain to mother and poor milk transfer are reasons for premature weaning?"

Evelyn Jain, MD (of the famous tongue-tie-clipping videos) said it best (I paraphrase here):

It is not normal when a body part meant for movement cannot move.

USLCA's Mission: To build and sustain a national association that advocates for lactation professionals

USLCA's Vision: IBCLCs are valued recognized members of the health care team

Two Lunch and Learn Webinars!

"The New Taxonomy: What it Means to the IBCLC"

FREE!

Judith L. Gutowski, BA, IBCLC, RLC

Tuesday, May 24, 2011

2pm Eastern, 1pm Central, 12pm Mountain, 11am Pacific

FREE!

1 Hour, no CERPs

Price: USLCA/ ILCA Members FREE!

OBJECTIVES:

1. Explain the changes made for the new taxonomy.
2. Explain how to obtain a NPI if they have not done so.
3. Explain how to change your NPI status if you have one.
4. Explain what this means to our profession and our future

"Tits, Tats, and Piercings"

Robyn Roche-Paull, BS, IBCLC

Wednesday, May 25, 2011

1pm Eastern, 12pm Central, 11am Mountain, 10am Pacific

1 Hour,1 L CERP Certificate to be emailed

Prices: USLCA Members $20; Non-members $30; Groups 2-10 $55, 11 or more $75

OBJECTIVES:

1. Understand the history of, types of, and reasons for body modifications.
2. Become familiar with how piercings and tattoos are performed.
3. Become familiar with the health issues surrounding piercings and tattoos as related to breastfeeding.
4. Become familiar with laser removal and universal precautions and how it affects breastfeeding.

United States Lactation Consultant Association
2501 Aerial Center Parkway
Suite 103
Morrisville,
North Carolina
27560

Sign up now for a USLCA Webinar!

1.Download the sign up sheet for the appropriate webinar. Click here for list of scheduled webinars.

2.Submit sign up sheet and payment information by fax 919-459-2075 or email AshleyD@uslcaonline.org; Attention: USLCA Webinar

3. You will then receive an email invitation to register for the webinar. Please complete this as soon as possible. You will not be able to sign on to the webinar until this registration is submitted and approved.

OUR MISSION:
TO BUILD AND SUSTAIN A NATIONAL ASSOCIATION THAT ADVOCATES FOR LACTATION PROFESSIONALS.

OUR VISION:
IBCLCS ARE VALUED RECOGNIZED MEMBERS OF THE HEALTH CARE TEAM.

2501 Aerial Center Parkway, Suite 103
Morrisville , NC 27560
919-861-4543
Info@uslcaonline.org

USLCA Board Of Directors and Staff

- President: Laurie Beck, RN, MSN, IBCLC, RLC—Texas
- Secretary: Karen Querna, RN, BSN, IBCLC, RLC—Washington
- Director of External Affairs: Alisa Sanders, RN, IBCLC, RLC, CCE—Texas
- Director of Public Policy -Licensure and Reimbursement: Marsha Walker, RN, IBCLC, RLC—Massachusetts
- Director of Professional Development: Barbara Robertson, BA, MA, IBCLC, RLC— Michigan
- Director of Members Services - Chapters: Debbie Costello, RN, IBCLC, RLC—South Carolina
- Director Of Marketing: Regina Camillieri, IBCLC, RLC—New York
- Executive Director: Scott Sherwood —North Carolina
- *eNews* Editor: Melissa Clark Vickers, MEd, IBCLC, RLC
- Social Media Editor: Titania Jordan

USLCA CLIPBOARD

Stay organized and show your support for USLCA.

USLCA clipboard comes with:

Calculator Inserts **Educational sheets Conversion chart**

Members: $22 for one 2 for $40.00. + SH;

Non-members 25.00 +SH

Contact Scott Sherwood at ExecutiveDirector@uslcaonline.org

Great gift idea!
Available in the ILCA bookstore

KEEP UP WITH USLCA NEWS THROUGH TWITTER!
http://twitter.com/USLCA
And look for USLCA on Facebook, too!