DEVELOPING AND IMPLEMENTING A MODEL BREASTFEEDING POLICY FOR HEALTHCARE INSURERS

ASSOCIATION OF MATERNAL AND CHILD HEALTH PROGRAMS

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THE PAYER PERSPECTIVE

ACA – New rules and BF coverage requirement has created confusion for Payers
• Lack of clear directives for coverage
• Lack of knowledge about services & equipment
• Undefined access need

For Payers, decisions based mostly on economics
• Coverage determined by need, access
• Complex process for creating and implementing policies
COVERING LACTATION SERVICES

The law states that Payers must cover, at no cost to the patient, ‘comprehensive lactation support and counseling, by a trained provider during pregnancy and / or in the postpartum period, and costs for renting breastfeeding equipment’. BUT:

• What is “comprehensive lactation support”?
• Who qualifies as a “trained provider”?
• Why only cost coverage for “renting” equipment?

With few concrete answers, Payers have created policies to fit their own agendas.
VARIATION ACROSS PUMP POLICIES

PUMP COVERAGE CRITERIA
• Rental only and with medical necessity
• Electric pump purchase but only when medically necessary
• Electric pump purchase, no limitation
• Manual pumps only supplied

PUMP PROVIDERS
• Supplied by DME only
• Supplied by DME or in-network providers
• Supplied by the Plan directly
VARIATION ACROSS PUMP POLICIES

PUMP TYPES

• Through DME: some have options, many have only one or two pumps to choose from
• Through providers: many only paid a small percentage of cost (e.g. UHC reimbursing $89 on a $300 pump)
• Direct purchase: patient is reimbursed at cost
VARIATION ACROSS POLICIES

RECOGNIZED SERVICE PROVIDERS

• Licensed (MD, NP, PA etc.) in-network providers only
• Licensed and IBCLC in-net providers (Aetna)
• In-net and out-of-net providers
• ‘Qualified’ providers only (LC needs credential for services to be paid to patient)
• Out of network – some Payers reimburse patients directly for non-licensed LC services (usually driven by employer-sponsored plans)
VARIATION ACROSS POLICIES

SERVICES COVERED

• Counseling only – individual and/or group
• Well Visits only – LC services not separately payable
• In-net Consults and Visits with limitations
• Education only – classes covered
• Services paid only with specific CPT and ICD code combinations
### UHC POLICY

#### Note specific service codes – no counseling codes covered, only specific types of visits and a class code (S9443)

#### Note specific dx code – Payer is not tracking for ‘problem’ visits, only ‘preventive’

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### Expanded Women’s Preventive Health

*These are the requirements of Health and Human Services for plan years that begin on or after 8/1/12. For additional services covered for women, see the Preventive Care Services table above. Certain codes may not be payable in all circumstances due to other policies or guidelines.*

<table>
<thead>
<tr>
<th>Service:</th>
<th>Code(s):</th>
<th>Claims Edit Criteria:</th>
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</table>
| **Breastfeeding Support, Supplies, and Counseling** | **Support and Counseling:** Procedure Code(s):  
- S9443  
- 99241, 99242, 99243, 99244, 99245  
- 99341, 99342, 99343, 99344, 99345  
- 99347, 99348, 99349, 99350  
Also see the codes in the Wellness Examinations section of the Preventive Care Services table above.  
**Diagnosis Code(s):**  
- *ICD-9:* V24.1  
- *ICD-10:* Z39.1 | **Support and Counseling:**  
- The Diagnosis Code listed in this row is required for 99241 – 99245, 99341 – 99345, and 99347 – 99350  
- The Diagnosis Code listed in this row is not required for S9443 |
| **Breast: Pump Equipment & Supplies** | **Procedure Code(s):**  
**Hospital Grade Rental:**  
- E0604  
**Personal Use Electric:**  
- E0603  
**Breast: Pump Supplies:**  
- A4281, A4282, A4283, A4284, A4285, A4286  
**Diagnosis Code(s):**  
- *ICD-9:* V24.1  
- *ICD-10:* Z39.1 | **Breast: Pump Equipment & Supplies:**  
- Code E0604 is allowed when the “RR” rental modifier is attached.  
- The Diagnosis Code listed in this row is required for E0603, E0604 and A4281 – A4286. |
Payers need education and assistance – the Model Policy

• Clarification on what is needed, supported by evidence
• Presentation of a comprehensive policy detailing how, when and why
• Guidance on coverage criteria, provider types, coding and equipment by NBfC
• Presented as a comprehensive policy for wholesale adoption and in a format similar to typical Medical Coverage Policies by USBC
DEVELOPING A MODEL POLICY
THE FOCUS OF THE POLICY

The purpose of the Policy is
• To define for Payers the benefits of supporting BF
• To identify the purpose of the ACA regulation
• To address Payers credentialing and contracting limitations
• To identify appropriate providers of service
• To address how to cover services comprehensively
• To address deficiencies in pump coverage (type and delivery)
Payer Limitations

- Payers cannot open their networks to all comers
- Criteria must be in place for establishing baseline levels of expertise and qualifications
- No clear guidelines for credentialing non-licensed LC providers
- IBCLC designation meets that baseline criteria

Policy is not exclusionary of non-IBCLCs but it does provide a way for more Payers to bring recognized professionals into their networks
If we are to be successful in improving initiation and duration rates, Payers must:

• Adequately cover services – visits in hospital, at home and in the office and at convenient times for new Moms
• Cover appropriate providers (lactation consultants)
• Cover more than just services – donor human milk is an essential component in the Model
• Cover appropriate equipment – not just hand pumps, there must be adequate choice, and pumps must be of quality; pumps need to be much more readily available
THE MODEL POLICY

Model Policy

Payer Coverage of Breastfeeding Support and Counseling Services, Pumps and Supplies

IMPLEMENTING ADOPTION OF THE MODEL POLICY
IMPLEMENTATION

Payers do what they have to do, economically UNLESS Public and provider pressure is applied SO . . .

- We must get this Model Policy in front of Payers, Politicians, and Policy-makers
- We must get this in front of Purchasers / Employers (self-funded companies can dictate benefit design)
- We must create incentives for Payers to adopt the Model. NBfC is publicly ranking the Payers based on their policies to create transparency and encourage change
WHAT THE NBFC IS DOING TO HELP

- Cataloguing Commercial Payers’ BF Policies
- Grading every Commercial Payer in the market place with policies publically available on their websites (approx 80 nationally)
- Using those rankings to open a dialogue with Payers about the Model Policy
- Encouraging Payers to Better Support BF by offering a path to achieving better grades
- Bringing Employers into the conversation
Published policies are being graded on the following:

- **Services**
  - What service types are covered (consults, counseling, classes etc.)
  - Where services can be provided (home, office, etc.)
  - What types of providers are covered (licensed, non-licensed, in-net, out of net, peer counselors)

- **Pumps**
  - Pumps types covered (manual, electric)
  - Pump criteria (medical necessity only, rental only, full coverage)
  - Pump options (choice in models)
  - Pump providers (DME, providers, etc.)
THE PATH FORWARD

- Create awareness
- Get Payers’ attention
- Enlist help across the entire market
- Engage Payers
- Cultivate conversations, engage state organizations
- Promote transparency and motivate Payers into appropriate coverage...

RANKINGS RELEASED ON SEPTEMBER 3, 2013,
update coming Spring, 2014
CONTACT INFORMATION

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